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Original Articles.

NITRATE SILVER "AS I USE IT."

BY BEN H. BRODNAX, M. D., Brodnax, Louisiana.

It is not uncommon to see in our medical journals, some man, prominent in the profession, strongly condemn the use of nitrate of silver on the mucous surfaces. Every allowance being made, I cannot but think the "dreadful" accidents referred to (adhesions, etc.,) ought not to be charged to the drug, but to some lack of care in detail of use or of dressings.

There are several elegant preparations now devised which do their work well, but their use involves so much of care and frequent repetition, that a country doctor, without trained assistance, must give his entire attention to one case, or risk failure.

I have studied the diseases of women with more than ordinary care, for several reasons, some personal ones, and my observation of some years extends over an unusually large number of cases for a country doctor.

In vagina.—After cleaning out with warm water and soap, dry the surface, for which use a self-retaining retractor (the model of which is in possession of Mr. Wm. Snowden, of Philadelphia). Then mop over the entire surface of vagina, os, and cervix with solution of five or ten grains of the silver to ounce of rain water. Separate surface with cotton dusted over with boric acid and acetanilid, powdered, equal parts Next day cleanse the parts thoroughly with witch hazel tea, (decoction) replace cotton-dusted as before. Out of thirty-six cases, old and young, the cure was complete in from five to ten days. The silver, if required, is used every second day. My complete success (no accidents) is what confirms me in my idea that lack of care is at the bottom of untoward action of the drug. Of course this treatment could not be carried out in young girls. Boric acid solu-

tion, glycerine and tannin with carbolic acid solution, five to ten grains to ounce, sufficed in the hands of the mother as attendant. I found that one-fourth ounce of glycerine, tannin and carbolic solution, injected high up in the vagina with a uterine syringe, after retiring, and a guard, (the patient to keep position on back), served me well in some few cases of mild metritis in girls.

For abrasions from any cause, apply towel or cloth, wet in hot mild solution of carbolic acid, for a minute or two, then cover with cotton dusted with boro-acetanilide and a binder.

In endometritis.—Here I used the solid stick caustic, a piece about three-fourths of an inch long, in a long slightly curved holder. Force it through the os up to fundus, revolve slowly so as to touch every part of surface as it is slowly withdrawn. Now push into the os some cotton, wet in glycerine solution, or some of "J. & J." tarred oakum to prevent adhesion and permit drainage. Wet a piece of cotton in the glycerine solution mentioned, put around the os but so as not to occlude it. Pack the vagina lightly with cotton dusted as before. Change the dressings every day, syringe out the vagina (not the wound) with boric water, replacing the cotton as before. Use the solid caustic every third day. Nine to fifteen days has cured my worst cases. It has been asserted that the solid nitrate on the intra-uterum surface *prevents pregnancy*. This is not my experience. Four out of six married women, between twenty-two and forty-three, whom I treated had several children afterward, one to five each. It is well to note that the silver should be used till the exudate from the womb, found on the cotton next to the os, is *clear as glass*, any coloring calls for one more application. Usually two or three applications of the nitrate suffices. If the os is occluded use "Sim's revolving knife," cutting a little on each side, then the silver as before. By this simple means I have cured some cases which were bed-ridden for from two to ten years—one in which I opened the os with the knife, at least half a pint of pus ran off, of a very fetid character. She had been an invalid for ten years, and had "many physicians," yet in three weeks she was able to walk a mile and back with her husband, and in sixty days was doing all her home work.

In the urethra.—Nitrate silver has no place in the male urethra,

except in very weak (one to two grains to ounce) solution. The length and smallness of the passage, the tendency to stricture, etc , are all against strong solutions. My plan, in bad cases, is to insert a moderately small catheter; thoroughly wash out the urethra, letting the water return outside the catheter. This distends and cleans. Through the same catheter then use the injection, whatever you wish; or withdraw the catheter, inserting a syringe with one-fourth ounce of a ten-drop solution of carbolic acid, or a two and one-half grain solution of permanganate potassium. The acid is preferable, as it does not stain the clothing.

By mouth, two to three drops (dilute) of carbolic acid increased to what the patient can bear. Nine to fourteen days has cured, *to stay cured*, some pretty bad cases. In mild cases I use the acid only by mouth. My idea is that stricture is not natural, but is caused by some powerful irritant. Also that the delicacy of the urethra, in different people, vary the same as the external skin. Various substances are used by mouth by different practitioners. But carbolic acid because excreted from body by kidneys, seems to act decisively in my cases. This treatment was laid before the Philadelphia Medical Society last year, in a paper written by myself, read by Dr. O. H. Allis. Since then I have received quite a number of letters from several States commending it—some in very flattering terms. Let me here recommend to my country brethren the metal catheter to pass the stricture, then with finger rub the stricture on the catheter. It sets up resolution, and in quite a number of old stricture cases they have disappeared. The "Otis urethratum" may, in *skilled hands*, be "something fine," but was not a success with me.

In Cystitis.—Insert a smooth thread or gum catheter, fill the bladder with a two or three grain-to-ounce solution of nitrate silver. Let it remain for a few seconds and pass off through same catheter. Repeat next day if required. Usually one or two times suffice for a cure—afterward boric acid water, once daily. Women are very often subject to this trouble, and I find that my twenty-three patients, aged twenty-four to seventy-two years, have done splendidly on the above treatment. Hamamelis decoction is a pleasant vehicle for the boric acid.

In the throat.—Some cases of sore throat persist against every

treatment until the solid caustic is applied. In our changeable climate sore throats are very common Several formulas answer well in mild cases, such as bismuth, sub nit., sallic acid, chloral hydrate ten grains to ounce (dilute and sweeten for children) repeated, so as to give sleep and rest and mild solutions of the silver twice daily. But in deep ulceration the quickest is stick nitrate of silver, then gargle with boric acid twenty grains to ounce.

In the stomach.—Some months ago I had a case of inflammation of stomach following a debauch and exposure. I never saw such a case. The walls of the stomach were thickened and protruding, intense thirst and vomiting. The patient's doctor was taken sick and asked me to see him. After consultation, finding he had tried, during the nine days, everything else, I gave three grains nitrate silver to ounce solution, one teaspoonful every hour. He remarked a few minutes after the first dose, "Doctor, that is the only thing I have taken that has done me a particle of good." Only one more dose was taken. Afterward bismuth and boric acid water with fluid food could be retained, and in five days he was sitting in his gallery. This is not the only case by several (but from different causes) in which the silver has worked like a charm. A large fleshy woman sent for me, in much the same fix as the preceding (but not same cause). After repeated trials of several remedies, the silver was given with immediate relief. She is a curiosity—everything seems to *work backwards* with her. Quinine swells up her tongue with urticaria, morphine produces deathly nausea, but phenacetine (P. D. & Co.) after the nitrate had been given, put her to sleep almost immediately. Follow the nitrate with bismuth, sub nit. acet. lead and sulpho-carbolate zinc. For bowel trouble replace the sulpho-carbolate with salol.

In the bowels.—Sometimes we have some cases of excessive hemorrhage, in weakly children, when from the quantity expelled it seems as if death was certain. Of three cases treated by me, one, aged four years, seemed moribund. I consulted my neighbor, Dr. Ogbourne, and we agreed in the nitrate, eight grains to eight ounces of warm water. This was injected slowly into the bowels and retained about a minute and passed

off. There was no return of the hemorrhage and she recovered. Of course bismuth, lead and salol were continued.

In relaxed mucous membrane, precursor of hemorrhoids, this treatment has acted well in six cases. For many years I have thought hemorrhoids were the result of a sub-acute inflammation and infiltration of intestines. My treatment, other than injection with sub-sulphate of iron, 50 per cent. solution, has been to tone up the mucosa of the large intestine by every means, and I find one to two grain solution of nitrate silver acts very well; in fact cure has followed every application. This may not be orthodox, *but it cures.* In the country, men who are afflicted with piles can "hunt the bushes," and I recommend my patients to use oak, hickory, or persimmon leaves, bruised by slapping them in the hands for "toilet paper." There is perhaps nothing new in all this; nothing but what every practitioner of thirty to fifty years ago was perfectly familiar with, but from letters received from some of the more recent graduates, I am led to think the, to me, "always good and true," has been pushed aside for other things not as reliable. It is well to know that unlike any other caustic the nitrate acts *only so far as you push it*, that adhesions follow if surfaces are left in apposition. Observe these rules, guard against haste in your work, give conscientiously all the time and care required, remembering you are *called on* and *paid for good work* and a cure—nothing else.

NYMPHOMANIA—REPLY TO QUESTIONS.

By L. M. Phillips, M. D., Penn Yan, N. Y

A worthy brother M. D. asks me this question.

"*What influence does the nude statuary exposed in our public museums; and the nude, or almost nude, living pictures exposed in the fin-de-siecle theatre, have upon such organisms as the hysterical, or those presenting peculiar or abnormal sexual phenomena?*"

Answer.—In my physiological studies upon the sexual cycle of the men and women of to-day. I am almost forced to declare there is no exception to be made to the following fact. (I

speak of the average healthy man and woman.) I am unable to find more than one per cent. who do not present an increased sexual desire at the sights referred to above. In more than sixty per cent. of the remainder, there is presented the desire to obtain at almost any cost the fetich. This class are not satisfied except the whole is obtained and attained. Here there is nothing psycho-pathologically wrong in desiring and obtaining the fetich, except the sexual accentuation, which is more or less a mild nymphomania in the female, and in the male satyriasis, which surely ebbs and flows when the sexual centers are appealed to. This class it may be said, make up our healthy sexual population for they present nothing abnormal sexually.

The other thirty-nine per cent. sometime or other during their active sexual life present evidences of abnormal sexuality, and were it possible in this article we would travel this road together, for the curiosities are such as few men ever see, or even conceive. At the risk of tediousness, I will stray from the subject long enough to report you a history of one of these phenomics.

Mrs. L—, aet 35 years, healthy, family history good, no traces of mental diseases in the family. Menstruated at 15, married at 22, first child born one year later. A second and third followed within five years from marriage. Nothing peculiar was noticed by her until after the last birth, when from having a strong sexual desire, and loving her husband devotedly, she all at once lost all interest in libido sexualis, while her love for her husband disappeared at the same time. It was superceded by a feeling of indifference. No hate was conceived for Mr. L—, simply a wish that he would let her alone, and seek his pleasures elsewhere, she urging him to this step, assuring him of her entire acquiesence. During the two years following the development of this condition there was no change in her psycho-sexually. When, as quickly as the desire had been quenched, it was again kindled and for a period of 18 months, it burned with such intensity, that it very nearly wrecked the physical well-being of the two, such torture did she undergo at times, that she would shut herself into a room for fear of sacrificing her honor.

Again the desire left her, replaced by the same feelings of

indifference, and again started up, to repeat the sexual pyrotechnics as before; and this was her condition for nearly six years, during which time no medical advice was sought.

Physical examination revealed nothing wrong, not even subinvolution, endometritis, ovaritis. Not so much as a slight laceration of cervix or perineii. Every organ performed its function perfectly, and, physically she was a *perfect* woman, endowed with more than ordinary beauty, mental activity, refinement, and tact.

I shall not speak of the treatment of this case here for it is foreign to the subject, but will pass on to a short psycho-pathological analysis of it. At a theatre party in N. Y. City, Mrs. L—, first saw the "female form divine," exposed in a series of living statues, and in place of elevating her mind, and invoking the ideal, she was filled with disgust. Impelled by an impulse, she returned repeatedly, and for several nights witnessed the performance. This fascination for an object of disgust gave her a great amount of mental uneasiness, and she became a little alarmed at the unusual proceeding on her part; and from this cause alone she shortened her stay in the city and returned home. From this date the first of the trouble began.

Now here was a case of acquired anæsthesia sexualis episodiac.—*Per contra* (seemingly) paranoia erotisa episodiac, manifesting itself in nymphomania But in the anæsthetic state there was no libido, no exaltation, no enthusiasm for the opposite sex, no ecstacy, no physical or sexual deviation of the calm well-balanced mind from the ordinary.

And a satisfactory diagnosis of a central interference induced by cortical disease, or a functional disturbance inducing this train of symptoms could hardly be indulged in with justice to our patient.

"Experience teaches that libido is essentially conditioned by the function of the generative glands."* I would go farther and include the condition of the psycho-sexual sphere of the brain and spinal cord, and in this case will add, the indelible cerebral impress obtained, (from seeing these statues) through the optic apparatus, amounting almost to hypnotic suggestive impressions.

*(Kraft-Ebing.)

For she was fascinated, yet disgusted, and returned again and again to the scene with the result of inducing nymphomania episodically that would in time have induced cortical disease, while the impress obtained was more or less permanent, and probably would have remained so had it not been interfered with by treatment.

Now a direct answer to the question. Could these exhibitions of the nude be made before a company of artists, who are taught that nothing lewd is to be seen in nudity, and that the ideal is only found in it, that sacrilege is committed when nudity and lust are associated together in the mind; and the ideal is only obtained *via naturalis*, they would be free from objection. For these minds expect and demand such. Could these artistic minds be educated without the nude? No, for in these finely attuned natures, an ecstatic veneration obtains whenever the thoughts and vision are centered upon the object of adoration, and all incestious manifestations are strangled in their birth. Before this class no exhibition of the nude can do harm, for admiration and love of their art entirely possess their being to the exclusion of pretty nearly everything else. But the sixty per cent.—our healthy sexual population—have little time for sentiment, ideality, ecstacy, or adoration, and they look upon these exhibitions as an amusement. But so pronounced is the manifestation, so out of the ordinary, that an impress exists within the substance of the brain, that lingers long afterward.

These exhibitions appeal in every sense to the higher cerebral perceptions; and to those already mentioned I will add the erotic. The young mind just maturing is awakened, curiosity is excited; and many times a still hunt for gratification leads the victim into danger, for the innocent mind knows no wrong until it is taught, and without warning, the first lesson is a sensational one, given in an environment that intensifies the impression, causing the susceptible mind to spring at once into action the erotic mechanism, that should only be gradually awakened, and set in motion by gentle hands and loving advice.

Starting from this point the hereditists find their strongest argument,—"to the pure all things are pure," etc. Undoubtedly "blood will tell," and we partake more or less of the fail-

ings of our progenitors. But without education, precept and practice, the hereditarily pure become the most vile, because of the inherent delicacy of being. While the hereditarily low education, environment, etc., will sometimes cure them of their inborn vulgarity.

Upon the remaining thirty-nine per cent. or those presenting abnormal sexual perversions, one of two things must happen. A feeling of disgust at the exhibition, or the perversion is accentuated in degree. Reducing this to a physiological basis, via anæsthesia, or hyperæsthesia, the answer must be,—nothing but harm can occur to these phenomics. For as in the case of Mrs. L—, the equilibrium of the erotic mechanism is disturbed. The central interference is bound to produce functional symptomatic phenomena, and we have a deplorable state that puts the expert to his wit's end for relief, and places the victim in a very painful position.

STRICTURE OF THE ŒSOPHAGUS.

By J. H. O'Neil, M. D., Movers Fork, N Y.

A case of stricture of the œsophagus in the upper third came under my care about ten months ago. The patient, Mrs. Henry Tappin, a lady of about fifty-three years of age, had enjoyed fairly good health up to this attack. Having retired after a particularly hard day's work one night she was aroused about midnight with a sense of impending death, collapse, cold extremities, and sweats. A history of her health discovered that she had a slight inability to swallow for a few months previous to her collapse. An exploration with an œsophageal bougie disclosed a stricture. None larger than a No. 9 bougie could be passed, and that with extreme difficulty; nor could any liquid be swallowed, not even hot tea or coffee. Patient was continually coughing from accumulation of mucus above the stricture which would fill the pipe and press upon the surrounding parts, producing a reflex cough through the laryngeal nerve—expectoration to the amount of about a gallon per day resulted. Occasional dilatation with larger œsophageal bougies did not remedy matters, as it was necessary for the dilatation to be constant

Seeing this I improvised a pattern of a permanent tubage, made funnel shaped, of different sizes from No. 9 to No. 20, American scale, and about five inches long, and sent to Letz & Sons, Philadelphia, with instructions to be moulded from silk tubing. I received them in due time and placed a No. 11 *in situ* with an introducer. The others were used at intervals of two weeks each, until the largest size had been introduced which was left for six weeks. The tubes were removed by a plated silk cord, inserted about an inch below the line of the tubes, drawn out through the mouth and lapped around the ear. The stricture held the funnel-shaped tubage in place. The patient was enabled at once to swallow properly-cooked food and the secretions and accumulating mucus. The patient did not expectorate nor cough with the tubes *in situ*. The tubes produced the desired constant dilatation, which caused absorption of the bronchial gland and allowed the patient to swallow. Arsenic with iron and cod liver oil was also used against the tumified glandular enlargement of other parts of the glandular system. The patient made an uneventful recovery, and is to-day a well woman doing her own housework, and stood a severe attack of grippe, and pneumonia during the month of March. It is noteworthy to remark that there are no records of permanent œsophageal tubage being used ever before in America, consequently I give my patient the distinguishment of having used the first, and with success.

RATIONAL THERAPEUTICS OF CHOLERA INFANTUM.

By Gustavus Blech, M. D., St. Louis, Mo.

No strict rules can be given for the treatment of disease. It is for this reason that so many physicians say we do not treat a disease, but we treat an individual. True enough, we treat the individual, but what we have most of all to consider is the disease. The individual will dictate us alterations and modifications in our treatment.

A general plan of treatment may be outlined, however, and I will try to do so in regard to one of the most fatal diseases of babyhood—cholera infantum. There is a certain philosophy in

therapeutics which I would frame in the three following rules: First, remove if possible the disturbing causes; second, treat symptoms which *per se* are liable to endanger the life of the patient; and third, sustain vitality.

As said before, the therapeutics, which is based upon the ætiology and pathology of a given case is the only one to be employed.

Now the ætiology of cholera infantum is not so obscure as asserted by a good many authors. Whether or not of microbic origin, one thing is sure—it is due to a chemical decomposition of food, causing an inflammatory condition of the digestive and alimentary canal.

Clinical experience, furthermore, shows that this disease is of a grave character, producing death in a large proportion. Heat *per se* is not the immediate cause of this disease, but it influences its course considerably. Therefore, gastric or intestinal disturbances in summer demand a closer attention than those which occur during the colder season. Cholera infantum is a disease met even in the palaces of the rich, although not so often as in the tenement houses of the poor, which fact proves again that bad air, filth and lack of ventilation are also of a predisposing influence, as well as an obstacle to a quick cure. The mortality in the tenement houses is larger than that of the richer parts.

If we consider the aforesaid, we shall first of all, as regards the treatment of this disease, have to restrict diet.

As soon as called to a case of cholera infantum, prohibit for the first day any food whatever. Mothers have no right to nurse the little patient either. Strict instructions must be given in that direction, because the timid mothers are often inclined to quiet the crying babies by putting them to the breast.

Remedies are of very little value. Beginning with calomel, salol, and all the newer antiseptics, finishing with subnitrate of bismuth—they have all proved a failure, for none of them work quickly enough.

The treatment as outlined by Dr. Elmer Lee, of Chicago, in his cases of typhoid fever, proved a success in my hands during last summer, and under this treatment I have lost only one patient out of twenty-three, while the monuments of my skill

exercised during the year 1893 are decorating the cemeteries of the State of Connecticut.

So far as I knew, the best antiseptic (which has also a strong tendency to reduce local inflammation) was peroxide of hydrogen (medicinal) until hydrozone was used by me. Hydrozone being twice as strong as Marchand's peroxide of hydrogen (for economical reasons), the latter drug is preferred by me. This remedy can be administered internally as well as externally.

I add a tablespoonful of hydrozone to a pint of water for washing out the stomach. The vomiting ceases after the first washing as a rule. If necessary, this procedure can be repeated. If the vital power of the little patient is not too low it can produce no harm. But in every case, no matter how far advanced, I do not omit an irrigation of the bowels, for which purpose I use a soft rubber catheter attached to a common bulb syringe. The catheter is introduced as high in the colon as possible. It is unnecessary to say that the water must first be sterilized. I do not agree with Dr. Lee in using hot soap water. On the contrary, I use cold water, and add to each quart about two ounces of hydrozone. The improvement after the first or second irrigation is marked. If necessary, these irrigations can be repeated every two hours.

Among other remedies there are only two to be employed, morphine and strychnine. Both ought to be administered hypodermically. Their indication is well known and they are about all we need. No antipyretics should be given. If the fever is very high and if the irrigation of the bowels does not reduce it, the whole body should be washed with alcohol.

The diet for the next twenty-four hours should be very light indeed. Sweet, strong Russian tea is all I allow.

Each individual case will teach us when food can be allowed again.

Since the adoption of this mode of treatment I have met with the most remarkable success, and no honest practitioner should refuse it a trial.—*New York Medical Journal.*

A shoemaker has a card in his window reading: "Any respectable man, woman or child can have a fit in this store."

THE USE OF THE OBSTETRICAL BANDAGE.

By C. M. Capps, M. D , Corryton, Tenn.

There is nothing in the science of obstetrics that contains as much superstition as the obstetrical bandage. Since the earliest history of medicine there has been difference of opinion in regard to its use. It is claimed by its advocates to give comeliness to the figure, also to retain the pelvic organs in their natural position and lessen the liabilities to post partum hemorrhage. But my experience has been that it does neither, nor can I see how we can expect it to. We know at the time of parturition that the dimensions of the womb are greatly increased, that there is much more elasticity in the tissues of the entire genative organs. The thing that we most desire, is their reduction to the normal size. For example, the womb which is four or five times its normal size, and the only chance to reduce it by involution, and only chance of involution is by metamorphosis. What would we expect to accomplish by the *obstetrical band?* We know that, in order to have a hasty metamorphosis, it is necessary to have capillary circulation, also a free return of venous blood. But if we use a pressure on the uterine walls we retard capillary and venous circulation, and the arteries being of a much more resistance, they are not influenced by the mild pressure made by a bandage, so we retard the process of involution and in many instances leave our patient with some form of uterine trouble which may last for years. True, it does not do this every time, but there is no reason why it may not a number of times. One of the most common diseases to which it predisposes is subinvolution. How often do we find a retroversion or flexion which dates back to the last confinement with a history of subinvolution first, and then follows any of the versions from the superincumbent weight of the uterus. I know we have subinvolution from other causes, but out of a number of confinements we will have a great per cent. in cases where the obstetrical bandage was used; and as to the influence the bandage brings to bear upon post partum hemorrhage, I will merely say it is not worth our attention to give it one thought or to fill space with an argument that is out of date.

ABOUT OCULISTS.

By Dr. A. B. Barker, Jr., Cincinnati, Ohio.

The separation of the ophthalmic department from other surgical practice is generally considered of recent occurrence. It is, on the contrary, very ancient, and perhaps coeval with medicine itself. Among the Egyptians, to whom we trace the origin of the arts and sciences, each class of disease had its physician, and we find from Herodotus that Cyrus sent to Amasis, the King of Egypt, for an oculist.

The Greeks and Romans had their oculists as is evident not only from their writings, but from the inscriptions on ancient marbles and seals. That Augustus and Tiberius were oculists, we find from the following inscriptions:

P. Attius Atimetus Augusti medicus et oculis.	*Tit Lyrius Tiderii medicus ocularis.*

There is no doubt that oculists were as numerous in ancient Rome as in any modern city. The Greeks, the Romans and the Arabians were ignorant of anatomy; but good observers of nature had noticed most external forms of ophthalmic disease; in many instances they described them well, and distinguished them accurately, but of the internal diseases of the eye they were entirely ignorant; yet many of the diseases still bear the names given them by the Greek writers. Celsus contains a summary of all that was known in his times. Some of the descriptions of the disease and the treatment are perfectly laughable and superstitious, as well as dangerous; and although he was ignorant of the seat of cataract, he has described the operation of couching excellently. In the fifteenth, sixteenth, seventeenth, and the first half of the eighteenth centuries, the management of the eye was left to the priest, montebank, and itinerant practitioners. To the Germans we owe a great debt of gratitude. The anatomy of the organ began to be carefully cultivated by them about the middle of the eighteenth century, when professors Zinn, Soemmering, Arnold, Jacob, Boerhaave, Hailer, and others, wrote and exhibited an almost perfect set of engravings, etc. The Austrians have the honor of having instituted the first

public establishment expressly appropriated to the treatment of this important organ. To Joseph Barth we owe the origin of the establishment, and Schmidt and Beer each published works on the eye. We see now how pure science and its cultivation leads directly to the most wonderful, invaluable and practical results. In 1851 Prof. Helmholz invented the ophthalmoscope; although it took many years to convince his professional brethren of the utility of this wonderful discovery. So, especially in medicine, when any new discovery is announced, or any bold innovator steps to the front with a progressive idea designed to benefit humanity and teach the healing art more thoroughly, there are always found some ready to decry the innovator as a charlatan, his process a humbug, and seek to arouse public indignation or professional condemnation by talking of outrages against decency and insults to public morality. When Dr. William Harvey, of London, in 1620, announced to the world his new doctrine of the circulation of the blood, his discovery was greeted with jeers and denied by every physician of his age. When Dr. Edward Jenner discovered the vaccine disease which rendered the human system unsusceptible to small-pox, the discovery was denounced as a chimera. In 1821 when small-pox prevailed in Boston, Dr. Boylston introduced the principle of ameliorating the disease inoculation with cow matter, the New England historian endeavored to induce the physicians to co-operate with him in mitigating the violence of the pestilence. Not a bit of it. They not only refused co-operation, but publicly denounced it as introductory to the plague, thus exhibiting as blind an attachment to the rules of the Faculty as Moliere's apothecary, M. De Pourceaugnac, in L'Amour Medicine, who said: "that for all the gold in the world he would not cure a person with any other remedies than those the faculty permitted." "I would sooner die of its remedies;" he adds enthusiastically, "than be cured of any other man's. For whatever happens, we may be certain that everything is done according to rule. Better to die in accordance with rule than to recover against rule." And so with the speculum, when it was introduced it was denounced as grossly offensive alike to morality and common decency, as well as useless; now every physician uses it.

So when Helmholz invented the ophthalmoscope he was condemned as a quack, etc. It was thus that such men of talent as Langeback, Hinsley, Arette, Moss, Cohen, Jager, Donders, Von Grafe, Critchitt, Cooper, Powers, Lawrence, Stillwag, Liebrick, and others, were induced to enter the specialty of ophthalology which led at once and directly still further and to more eminently practical discoveries, such for instance as in the case of Prof. Von Grafe, the inventor of irrectomy linear extraction of cataract, and to the most brilliant success for the cure of one of the greatest deformities that the human family is subject to, viz.: strabismus; also that of Prof. Donders on the refraction and accommodation of the eye, hence the proper means of selecting and adapting spectacles. But still further, Prof. Helmholz modestly says: "I think by means of the ophthalmoscope we shall be able to determine the optical condition of the eye independent of its visual power and the statement of the personal examination." This is in reality just what during the last few years the oculists have been doing, and I confess it is to our discredit not to have done it before, as many years had elapsed since Prof. Helmholz told us how this could be done. By examining the eye with this instrument we find out directly what lense is required for the patient within one or two dioptrics. This in spite of anything the patient may say or do, should he be disposed to deceive us. This, you will see, is very different from the only too frequent method of vendors and dealers in spectacles, letting their customers try on one after another, and pick and choose for themselves. The best opticians follow the directions as to the focus and setting in the frames for the patient's glass chosen and tried by the oculist, just as the apothecary follows the directions of the physician in compounding medicines prescribed. The oculist who has the pleasure of saving for his patient even a fraction of sight, gives sufficient evidence of his masterly skill, and deserves a golden monument, not after his death, but during his life.

SPECIFIC hydrangea, one drop frequently repeated, is sure to relieve the sharp cutting pains in the urethra in the passage of water.

DYSENTERY—HISTORY AND TREATMENT.

By Geo. J. Monroe, M. D., Louisville, Ky.

The season of dysentery will soon be upon us. I am asked to give my ideas in regard to this severe disease, and will do so as best I can. Dysentery was well known to the ancients. It is somewhat amusing, with our present knowledge of diseases, to read the literature relating to it as given by the old-time physicians. Their ideas of disease, causes ascribed, and treatment recommended were very peculiar. With them, dysentery was thought to be produced by some condition of the planets and stars, some heavenly influence. Hippocrates speaks of the disease as being "a method of carrying away some poisonous humor from the brain." He, also, speaks of it as "a flow of phlegm and bile from the belly." He says, "in the warm rainy season men's brains are too wet, and the dysenteric discharge is a means of drying them." Therefore, one would naturally suppose that a dysentery was necessarily beneficial to the brain. He further says, "there are two kinds of dysentery, one black, which is always fatal; and one white, when there is a scraping of the bowels, with some blood and great slime. Patients recover from this kind."

All of the old writers mention ulceration and erosion of the bowels as an accompaniment of dysentery. Some pronounced it catarrh with ulceration. At first, it was not supposed the disease was located in the large intestines. Some maintained the slimy discharges were the result of an increased flow of bile from the liver, hence the name of hepatic dysentery. These old doctors gave complete and perfect descriptions so far as the symptoms of dysentery are concerned; and, in fact, many of their ideas of treatment are excellent. The tenesmus, which accompanied dysentery, was looked upon as a distinct disease. Celsus enjoined rest in dysentery. He said: "all exercise proves deleterious to the ulcer." I think even in the ancient times there must have been post-mortems made, for some describe the appearance of the rectum and colon, almost exactly as we find it to-day, resulting from dysentery. Galen claims four kinds of dysentery—the melancholic, hepatic, fleshy, and bloody. "The

only true dysentery," he adds, "is where there is ulceration of the intestine." The more modern history of dysentery commenced obout 1630. At this time it was determined that tenesmus was not a disease of itself, for it was found to accompany a number of diseases besides dysentery proper. It was also decided at this time that the eating of green fruit did not always produce dysentery. It was evidenced, that nursing children had dysentery who had never partaken of green fruit. Also, that dysentery occurred in the winter season when green fruit could not be procured. About this time it was fully decided that dysentery might be sporadic or epidemic either. It was also decided that moisture from the brain could not always be the cause of dysentery. It was found that dysentery occurred in the very dryest seasons. Sydenham describes dysentery about as well as we can to-day. Probably the most perfect description of dysentery that ever has been written, is contained in the *Medical and Surgical History of the late Rebellion.* This description is by Joseph J. Woodward, surgeon of the army. It is an abler description than I am able to give, and in writing this article, I will draw to some extent upon this comprehensive paper. Dysentery may be a disease of itself, or it may be an accompaniment of some other disease. In its primary form it may be sporadic or it may be epidemic—one in a community may have it, or an entire community may be affected with hardly an exception. So far as symptoms are concerned the sporadic and epidemic cases are very similar. In the sporadic form, however, nearly all cases will recover. In the epidemic form many die. Dysentery may appear secondarily to a number of other diseases. Typhoid fever patients frequently have a form of dysentery. I can recall a case of puerperal fever, who, when convalescing, was attacked with dysentery which proved fatal. I have found dysentery in consumption. I do not believe there is very much regularity about the appearance of dysentery. I think to a great extent it depends upon the season and the locality. We find in some places, epidemic dysentery several years in succession —then for a number of years no dysentery, while some other locality, which has been free from the disease for a number of years, will have dysentery in a very severe form. This would

indicate that the drainage, sewerage, drinking water, or some such thing has a great deal to do in producing the disease. I believe in late years the proportion of deaths from dysentery has greatly diminished, also there are a less number comparatively affected with the disease. All histories given of armies, speak of dysentery as being a very common and extremely fatal disease. It has probably killed more soldiers than all weapons of war combined. Woodward says that new regiments would not long be enlisted before dysentery and diarrhœa appeared amongst them. At first mild, but gradually becoming severe. A great number of the soldiers in both armies during our civil war suffered from dysentery. The hospitals were full, and many who remained in the ranks were sufferers. This condition continued throughout the four years of the war. Some twenty-five years ago I treated an epidemic of dysentery. Until I began using quinine freely I lost a great many patients. When I began using this remedy in large and repeated doses, my patients began to recover. I pronounced this malarial dysentery, as probably it was. I thought I had a sure cure for dysentery. I told my neighboring physicians of my infallible cure. The next epidemic which appeared I tried the quinine, but it seemed to have no beneficial effect. If anything, it made the dysentery much worse. I do not attempt to try to account for this unless due to the fact that there was no malarial condition connected with the second epidemic.

No age is exempt from dysentery. I have seen it in the child at the breast, and in those four score years of age. It probably does not appear so frequently in those who have plenty to eat, of a wholesome character, and well cooked, as it does amongst the poor, yet the well-to-do class are by no means exempt. One attack is no protection from another. In fact, I believe a second attack is more liable to occur than the first. I am not aware that any country is exempt from dysentery. I believe however, some countries are greater sufferers from it than others. It prevails more extensively in the warmer climates. The further we get away from these tropical and torrid localities, the less we hear of it. Some say that India is the home of dysentery, for it is claimed that it always prevails extensively there. Africa is

another country where it prevails extensively. Natives always, in fact, have it in Africa. Generally speaking, dysentery is a disease of the hot weather, and as there is hot weather in India and Africa nearly all of the time, they nearly all of the time have dysentery. In the temperate zone it mostly occurs during the summer months. June, July, August and September are the months when we have dysentery as an epidemic. My observation proves that it prevails more extensively in August than during other months. A long continued warm and dry spell, or warm and wet, produces dysentery. When we have an epidemic of dysentery, we notice it increases if the weather becomes warmer or decreases if it becomes cooler. Heat alone, I am satisfied, is not the only cause of dysentery, for it occurs during the cooler months of the year. Dysentery prevails extensively in Canada, Russia and other cold climates in a severe form. Then again we may have all the conditions from which we may expect dysentery to develop, such as heat and moisture, and yet no dysentery. In Africa it commences with the rainy season, and generally ceases when the weather becomes dry. The overflowing of the Nile in Egypt ushers in an epidemic of dysentery. Those who leave the low bottom country and go to the hills escape it as a rule, yet occasionally we have epidemics of dysentery on a high sandy soil. Michigan City in Indiana is located on a sandy hill, yet they have had several epidemics of dysentery there. To some extent, no doubt, this condition can be explained by the condition of the people at the time of the outbreak of the disease. If any people are depressed, either physically or mentally, a greater liability exists of being attacked with dysentery. It is evident to my mind, however, that atmospheric conditions account for the dysenteric condition to a greater or less extent. This atmospheric condition is produced from the decomposition of vegetable or animal matter. Impure water may produce it, especially if the water is contaminated with dysenteric matter. Surface wells, for instance, where armies or any other large bodies camp. A good many years ago, when I was practicing in Illinois, during the month of August, one year after having had a very hot July, an epidemic of dysentery broke out in the village. A certain part of this village procured their

drinking water from one well. Nearly all who used this water had dysentery. A goodly number died before I was led to believe that the water from this well had anything to do with the disease. I finally required those who were getting their water there to procure it elsewhere. Very soon the disease began to subside. The well was thoroughly examined, but nothing was found in it. It was not chemically or microscopically examined, yet I am satisfied there was something in it which was producing the dysentery. There were others in the village, and in the surrounding country, who had dysentery, but in no proportion to those who used the water from this well. The well was closed, and a drive well sunk. I have never heard of an epidemic of dysentery in the village since. Exposure of the body to a draft of air, when sweating will often cause a dysenteric attack. Changing from heavy to light clothes will very often produce the disease. These of course are sporadic cases. The same condition may arise from sleeping in wet clothes or on the damp ground. A party some twenty years ago visited Starved Rock on the Illinois river, in La Salle county. They camped. During the early part of the night it rained very hard, both wetting the ground and the clothing of the entire company. All had dysentery as a result. An army which has been beaten by the enemy, or prisoners who are homesick, or where there is a doubt in regard to obtaining their freedom, or in fact any circumstance or condition which causes depression of the nervous system, is quite apt to bring on an epidemic of dysentery. At Libby, Andersonville, Rock Island, and Camp Douglass, the prisoners suffered from dysentery. Food that does not digest well, or is decayed, or putrid, and poorly cooked, are factors in producing dysentery. Unripe fruit may produce dysentery, yet it is more apt to act upon the upper bowels. Constipation, from the stools being dry and hard irritating the colon and rectum, may start a dysentery. In warm climates frequently people are not particular where they defecate, so this deposit is made any and everywhere. This creates an unhealthy condition of the air, and may produce dysentery. It is no wonder that in these countries where the people are so filthy that dysentery prevails extensively. I do not know that the specific germ of dysentery has been

discovered. It will not be long I presume, until the real cause of dysentery will be ascertained. It appears to be contagious, or at any rate whole families, sometimes, will have it. I remember a severe epidemic in Illinois, where an entire family died with it inside of fifteen days. No the youngest child did not die with it. It was nursing, when the father, the first in the family, had the disease. A sister of this child's mother took it home with her to care for it during the sickness in the family, so it escaped. It has since had white swelling of the knee. I have often wondered if the whole family were not scrofulous, and if this condition had not had something to do with the fatality. Those who took care of the family, and the doctors who attended them during their illness did not have the disease. If contagious, it seems to me the attendants would have had the disease. Still I noticed during this same epidemic in another family, that some relatives who came on a visit and remained several days, sleeping in a bed, where one of the family had had dysentery, about the fourth day, was attacked with the disease. One of the visitors slept in a different part of the house and escaped entirely. Pretty strong evidence in my mind pointing towards infection or contagion. Cases are reported of houses being vacated where dysentery has prevailed, and being empty for a time, others have moved in and had the disease. Dysentery, I believe, is a local disease, restricted to the colon and rectum. It generally commences with a diarrhœa or catarrhal condition of the bowel. This continues for a short time, or it may last a day or two, before we begin to notice the tenesmus, tormina colic, and blood and mucous discharges. The tenesmus, or desire to expel something from the rectum, becomes almost continuous. The rectum and anus become hot, and I imagine feel very much as if they had been scalded. The actions at first are quite large and contain some fecal matter. Then they are not more than a tea or tablespoonful of blood and mucous. Sometimes there will be no blood, but the action looks very much like the uncooked white of an egg, almost purely mucous. Occasionally we may have almost pure blood in quite large quantities. A patient may have fifty movements during twenty-four hours. We do not generally have much rise in temperature, or increased

pulse from fever. The circulation is increased, but I believe this comes almost entirely from the physical effort caused by straining. The skin has a harsh dry feel. The bowels at first are bloated, but soon are sunken as though the abdominal muscles were contracted. There is pain over the colon, especially the sigmoid flexure of the colon. The sphincter muscles are spasmodically contracted. In children we are quite apt to have prolapse of the rectum. The tongue is coated and sometimes dry. There is a worn and anxious expression of the face. As the disease progresses towards a fatal termination, the discharges become involuntary. When the involuntary discharges take place we are quite apt to encounter delirium, and we may look for a speedy, fatal result. Sporadic dysentery will recover as a rule under any, or no treatment. If dysentery be of the epidemic form, many will die under the best treatment known. The mucous membrane of the rectum and colon both, I believe, are inflamed. It is swollen, congested, and soon ulcerates in places. A membrane may form somewhat similar in appearance to diphtheritic membrane. This membrane sometimes exfoliates, comes off from the entire rectum. Sometimes the ulcer perforates the colon, yet this does not occur in dysentery very often I think. The inflammation may affect the smaller intestines, although I think this is a rare occurrence. A dysenteric patient soon begins to lose flesh and strength, and becomes very nervous and anxious about his condition. I believe the liver is sluggish in dysentery. In the warm climates abscesses form in the liver with dysentery. Tenesmus and straining is nearly always pthognomonic of dysentery. The patient will sit and strain for a long time without any apparent relief. He becomes entirely exhausted, will lie down for a few minutes and then resumes the effort to relieve the rectum. It is hardly possible to mistake the stools for anything else. The mucous membrane may pass in shreds. Although each passage is small in itself, the amount passed in twenty-four hours is considerable. The tongue may become dry and fissured. After the disease has continued some time, the circulation becomes very much reduced. The pulse can hardly be discovered sometimes. Blood poison may occur, and if it does our patient

dies. There is, as a rule, no disease following dysentery as a result. I have seen rheumatism and diseases of the joints which have appeared to me as a result of the disease. I do not believe we have to-day as many severe epidemics of dysentery as we formerly had. I do not think it is as fatal as formerly. This depends upon better sanitary conditions and improved methods of treatment. I believe much would be gained by separating the first case of dysentery from the rest of the family. The windows should be kept open where dysentery prevails, thus affording good ventilation. The clothing and beddings should be often changed. The discharges should be burned or saturated with corrosive sublimate. The vessels used should be thoroughly cleansed with hot water. All food used should be easy of digestion. Patients should not be exposed to thermal changes, hence their under dress had better be flannel.

Treatment.—The first injunction should be complete and perfect rest. Patients should go to bed and remain there as much as possible. I place them upon a milk diet. I have the milk heated to nearly the boiling point. The majority prefer this to cold milk. I generally commence my treatment medicinally with a cathartic. I prefer calomel, followed by a sedlitz powder. Nothing in my opinion takes the place of opium in controlling the tenesmus. I have had remarkably good results from one drachm of castor oil, mixed with twenty drops of laudanum. This amount given three or four times during the twenty-four hours. I also find a half teaspoonful of subnitrate of bismuth given in a glass of milk three times a day excellent. The disease being local we often obtain good results from local treatment, to wit: give a large enema of water containing a tablespoonful of listerine, or twenty drops of a saturated solution of carbolic acid added to a quart of hot water. Allow this to be expelled, then inject two tablespoonfuls of boiled starch with forty or fifty drops of zinc of opium mixed. The injection of the tincture opium and starch may be repeated after third or fourth action; the warm water two or three times a day. I have benefited patients by injecting chlorate of potash twenty grains to two or three ounces of water twice a day. This injection ought to be retained as long as possible. Alum water may be used as

an injection. I have never seen much benefit result from injections of bichloride of mercury, Ipecac in large doses evidently works wonders. A patient should drink no water for an hour before the ipecac is given; then give twenty grains. The patient must remain absolutely quiet upon his back for three hours after taking the ipecac; he should take no liquid of any kind during that time. The ipecac may be repeated in ten or twelve hours. I have found that twenty-five drops of laudanum given one-half hour before giving the ipecac helps to prevent the nausea. If we see no benefit from the ipecac in thirty-six hours it is useless to continue it longer. Every known astringent has been used in dysentery, both by os and rectum. Opium, alum, sub. nit. bismuth, nitras argentum, chlorate potassium, creosote, carbolic acid, alkaline laxatives, castor oil, and ipecac are the medicines we obtain the best results from. The sulpho carbolate of zinc is highly recommended. I have had no experience from its use. With the use of these medicines, with enemas, and the milk and lime water, the majority of dysenteries can be cured. While the patient is convalescing after the dysenteric discharges cease, we may derive some benefit from the use of the bitter tonics. The muriate tincture of iron with sulphate of quinine may be used in small does; maltine and cod liver oil is useful; sherry and port wine or good old whiskey are good. The whiskey may be combined with milk or raw eggs. Brandy is better than whiskey if it is pure. I once treated a beer drinker for dysentery; when he began to convalesce he began to drink beer quite freely, It seemed to do him a great deal of good. Food for a long time should be that which digests very easily, and should be partaken of in small quantities. Digestion should be aided if found necessary. The patient should guard against exposure of all kinds, until his usual state of health has been regained.

Specific jaborandi is indicated in cases of suppression of perspiration, increased heat and high temperature—sunstroke. Dose, from one-third to one drop, well diluted every 20 to 30 minutes. Gelsemium is an excellent companion remedy.

Clinical Reports.

ALCOHOLISM.

By Thos. P. Satterwhite, M. D.

[Read Before the Louisville Clinical Society. Reported by C. C. Mapes.]

Not long ago, in this city, a lecturer on temperance took for his text, "The Sin of Inebriety." He pictured most graphically the distress caused by the "Drink Evil," and after denouncing society and the liquor traffic, he blamed the inefficiency of the law as being most responsible for the existing condition of affairs. If the lecturer was correct in his conclusions, inebriety is unquestionably a sin. But was he correct?

A large part of the medical profession, including many of its most prominent members, consider the liquor habit a disease; some go so far as to say those affected with it are morally irresponsible, and, like the insane, should be placed under legal restraint. If this view is right, the inebriate is not a sinner, and it is an act of inhumanity to punish him by incarceration in jail or workhouse. Instead he should receive scientific medical treatment, and such other care and kindly consideration as it is customary to give the sick.

Now, which is correct? The temperance lecturer who inveighs against the sin of inebriety, and calls upon the law, society and indeed every other physical and moral influence to stamp it out; or the physician who classes it with disease, and endeavors to restore the individual to his normal condition, by the aid of medical and other appliances at his command. Most assuredly the latter, and, if he go not too far and include as disease conditions that should not be classed as such, he does well, and is much more certain to give relief to his unfortunate patient.

Just what is meant by the disease of inebriety is not well defined. One writer includes all who are habitual drinkers, regardless of quantity or effect, Another, those who have consumed alcohol in some of its various forms until they are mental and physical wrecks, and are known by their bloated features,

bloodshot eyes, unsteady gait, and their indifferent and stupid expression.

The question might be pertinently asked, what is meant by an habitual drinker? Is one who takes two or three drinks a day to be placed in the same catagory with him who takes a dozen? I knew a gentleman, several years ago, who had been in the habit of taking one ounce of whiskey just before dinner every day, and had kept it up for more than fifty years; he was never drunk, and had always enjoyed good health. Was this man affected with the liquor disease? If so, to what class did he belong?

If inebriety be a disease, *per se*, we are yet in the very beginning of our acquaintance with it, and much study of individual cases, and delicate investigation in the laboratory will be necessary to single out and classify symptoms and define the minute pathological changes that have been produced by alcohol, to give it separate position in the category of diseases. Then many who are now spoken of as being afflicted with the liquor disease, will be known as individuals suffering from a morbid condition of some of their various viscera, brought on by the excessive use of alcoholic stimulants, differing but little, if any, from like conditions produced by syphilis, exposure to cold and wet, etc. And the few who are affected with alcoholism, or whatever it may be called, will be found in asylums expressly gotten up for their benefit.

In other words I believe while habitual liquor drinkers are numerous, but few of them ever become so affected as to entitle their condition to be called by a distinct name. They have cirrhosis of the liver, contracted kidneys, fatty hearts, and unhealthy brains and nervous systems, just like other people who are total abstainers, and that is all.

A few words as to heredity: In regard to this I am likewise not in accord with many prominent members of our profession who see in every diseased child of inebriate parents conditions that can only be attributed to the intemperance of their progenitors. There is no doubt but the immoderate use of intoxicants will impair the health of the drinker, and that from his enfeebled condition and want of mental and physical vigor, his offspring

will suffer, especially from neurotic affections; but I think it very questionable that the alcohol taken into the system of the parent will cause disease in the child which might not be produced from other agencies that would impair its vitality. For instance, we find the children of those who are not able to supply them with proper food and raiment, and who live in damp and badly ventilated apartments, afflicted similarly to those of the drunkard; the deprivation and suffering they are forced to undergo producing undeveloped muscles, rickety bones, and nutritional and nervous affections. Nor do I believe that the inebriate transmits to his children an appetite for alcohol beverages which in himself was acquired after he had arrived at mature age, but I do believe that the children of such parents inherit the moral weakness and social disposition of the parent, and, like them, they fall into the same pit holes, which are, especially in this locality, deep and numerous, and always ready to catch the unwary.

It is a very convenient way to dispose of one's inebriety to diagnose obscure ailments by attributing them to hereditary transmission, and a way that frequently not only causes distress but actual harm. There is a gentleman in this city, who, believing he inherited a fondness of liquor from his father, gave up all hope of ever being able to control his appetite, until his doctor convinced him that all he had inherited was the disposition of his father, and that, if he wished, he could leave off drinking altogether. This he accomplished by the assistance of medicine, and it is now three years since he tasted liquor, I am satisfied that if the doctor had not disabused his mind of the belief that he had inherited the love of intoxicants, he would never have made an effort to reform. Now he is an energetic and prosperous merchant, and perfectly free from all desire for alcoholic stimulants.

The important question of heredity is by no means settled. Sir James Paget, in an address before the Abernathy Society, "Drew attention to the great gaps existing in our knowledge of its laws." Such diseases as tuberculosis, cancer, and insanity, he says, have never, in this connection, been studied carefully. This being the case, how little we must know about it in reference to alcoholism. And although there is no question that

alcohol is a poison, and that every tissue of the body is permeated and possibly diseased by it in those who use it as a beverage, our knowledge of the pathological conditions it produces is but in its infancy, while its effect on mankind, in relation to hereditary, is as yet but a matter of conjecture.

It was not my intention when I first thought of presenting this subject for the consideration of the society, to more than refer to the mental and physical condition of those affected with alcoholism, my object was rather to call out the views of the members with regard to its treatment. Our medical journals for the last several years have at times contained articles on this subject, some of the writers being men of high standing who have made the matter a study. All agree that a residence in a reformatory or a separation from old haunts and associates with suitable medication, is the best means of restoring the inebriate to his normal condition. But the number who can leave their occupations for this plan of treatment to say nothing of the expense resulting from such a course, are comparatively few. Consequently what we want is a means of relief that can be had without the loss of time, and the expenditure of much money.

Among the many medicines recommended in these cases are strychnine, belladonna, antimony, cinchona, and capsicum, but they have not proven satisfactory. A preparation known as "Antidipsole" introduced to the profession by Dr. Carvin, of our city, is a remedy which, from observation and experience, I am inclined to regard favorably and am in hopes it may prove itself to be what we are in quest of. Of the so-called gold cure, I know nothing more than what I have read, but I think it is safe to say it has no standing whatever in the opinion of the medical profession.

DISCUSSION.

Dr. R. B. Gilbert:—I bave used "Antidipsole" in fourteen cases of confirmed drunkenness, and in each case it has been decidedly successful in curing them of the drink habit. And thus far there is only one of the number that has taken to drinking again. The medicine not only cures the whiskey habit, but it improves the patients' general health in a marked degree. I regard antidipsole a wonderful medicine.

Dr. C. T. Pope:—(Visiting.) I have listened with much satisfactiov to the interesting paper of Dr. Satterwhite. The subject is one to which I have given some consideration, and I look forward, I believe, with good reason to hope the day is not

far distant when alcoholism will be as successfully treated by the medical profession as typhoid fever or rheumatism.

In the month of July, 1893, there was published in the *American Practitioner and News*, a paper written by me, in which I referred to three cases I had treated for the liquor habit; they have all continued to do well, none of them having gone back to the use of intoxicants. Since then I have had under my care three more cases, two of which were relieved; the third, after an unsuccessful effort to get him to follow directions, I was compelled to give up, and he was not benefitted in the least.

All of the cases were treated with "Antidipsole," in accordance with directions laid down in a little pamphlet sent out with the medicine. The results in each case were very similar; the craving for alcoholic stimulants ceased in a few days; the stomach soon regained its tone; food was desired and relished, and with the long and refreshing sleep which now came naturally, the lassitude passed away, and the patient felt able to perform the duties his business required of him.

The principal trouble in treating the cases, I found, was to get them to carry out directions and consequently it was my custom to see them every day for the first ten days and have some friend look after them during that time; after that they got along with very little attention. Of course it is not claimed that the organic lesions produced by long dissipation can be cured in a few weeks by this medicine, but even cases where these conditions exist, it is a good tonic and will strengthen the patient, at the same time it relieves him of his thirst for liquor and thus assists nature to build up, as far as it is possible, such broken down conditions. The last case I had ran the gauntlet with Keeley and others, without any permanent benefit. His father grandfather, and his uncles have all died drunkards, and he will certainly go that way.

Dr. Pope, of Mississippi:—(Visiting.) A great many cases have come under my my personal observation during the past few years to strengthen my belief in the theory that the liquor habit is hereditary. I can recall six families where the fathers and grandfathers were all drunkards. Some of the children were supposed to have been begotten during periods of inebriety, and all of them without exception were drunkards. One family, prominent in Kentucky, wealthy, holding a high position in society,—the boys as fast as they grew to manhood became drunkards; they were severely chastised and every influence thrown about them to prevent their getting drunk; notwithstanding this, one of them became a common tramp and died in the poor house; another died of delirium tremens; the third is a physical wreck, having become addicted to the use of morphine and cocaine. In another prominent Kentucky family who went to Mississippi, the children, all boys, became drunkards afterward. One has taken several "cures;" has been to Keeley Institute three or four times; he has done almost everything in order to get relief, and would be apparently cured for five or six months, but would finally relapse. I have treated him in five or six attacks of delirium tremens; he has been with me on several occasions a week at a time. Other members of the family have taken various cures, but all have relapsed. In another family, one died from suppurative hepatitis which I believe was induced by the combined effects of, what we call in the south, "malignant malaria," and alcohol.

There are other cases I could cite which would lead one to believe there was a neurotic connection transmitted through the parent. I believe very few of these cases can be permanently cured. It is absolutely necessary to throw all the good influences possible about them in order to complete the cure, and even then I question whether the relief will be permanent.

As regards antidipsole: I have never used it, and only know of its value from what I have read. I have very little faith in any of the so-called gold cures, and have

never seen anyone that was more than temporarily relieved by such treatment. I have seen ten cases that took the Keeley cure, and in ten cases there have been ten relapses.

I want to emphasize the point that I believe there is more in hereditary influences than in acquirement, so far as inebriety is concerned. In my opinion the majority of dipsomaniacs become so by inheritance. Just how this is brought about I am unable to explain.

Dr. P. Guntermann:—I have had considerable experience in the treatment of inebriates, and some of them are drunkards to-day. Like Dr. Pope, I believe that inebriety is to a certain extent inherited. I have seen several men who have grown to mature manhood and become drunkards, after they had been for years exemplary men. Upon inquiring into the history it was found that the parents, if not inebriates, were certainly very much inclined in that direction.

I do believe that inebriety can be cured, but this can only be done by the assistance of the man who has inebriety. If he is willing to be cured, if he wants to recover, if he makes up his mind to reform, then if you will give him the proper stimulant to replace the whiskey, or brandy, or port, or whatever else it may be, he can recover. Unless he makea up his mind to do so, he will never reform. You may give him gold or any other kind of treatment, unless he is willing to be cured. and unless he remains away from his regular haunts where whiskey has been obtained, he will always relapse.

I must say this in regard to Dr. Carvin's antidipsole, I have tried it in a number of cases with marked success, but my success would likely not have been so marked if the people who used it had not made up their minds to stay away from the places where they could get whiskey.

Dr. C. Weidner:—The subject of inebriety deserves a great deal more consideration than we are able to give it in the time alloted for our discussions. It is a question which from its importance attracts the attention not only of the medical profession, but people generally.

Dr. Satterwhite asks the correct question, in my opinion, about the classification of the cases. Are we to put the moderate drinker, the periodic drinker and the very marked drinker in the same category? "People in glass houses should not throw stones," but I venture to say that out of this entire audience there are not more than one or two men who have never taken a drink; I think there are none; yet we could hardly consider that we are all inebriates. This would seem to me to be an extreme view, and people are liable to let their opinions run away with them, as it were, when they say every man who takes an occasional drink should be classed in the same category with the confirmed inebriate.

Some one has suggested that every man who takes a drink should be confined in an asylum or a hospital where proper treatment could be instituted. If this plan were followed out in Kentucky nine-tenths of the people would be in asylums, leaving the other one-tenth to do all the work.

I believe there are two forms of drinkers, and in many cases it is a disease. Periodical drinkers are either primarily, or having become so, *secondarily*, diseased individuals, in my opinion. One of my reasons for making this statement is that we have all seen men who were perfectly calm in all matters of business, perfect gentlemen, reasonable and reasoning beings, become suddenly possessed with an inordinate desire or craving for whiskey, put away their gold watch and other valuables, and go on a spree, not to come back until they are dragged out of the gutter. I cannot conceive that these men have not some abnormal impulse which furnishes the foundation for such a condition; it has been mentioned as a lack of will-power, but I believe it is disease. Whether it is transmitted from parent to

offspring, I do not know. We know that individualities are transmitted. Were the spermatozoa possibly drunk at the time of conception, or is the ovum responsible, who can determine? But in all seriousness, there is a possibility that many men propagate while in a drunken condition, more or less so, and there is a possibility also, that the spermatozoa or the ovum receives something that makes it less resistent as to vitality for the future. The same rule holds good in many diseases, and the question is far from being settled as to just what influence is exerted in this way. Personally I believe that in a great many cases the habit of drinking is attributable to the parent's example during childhood. Certainly a drunken parent cannot be a good example for the growing child. It is the duty of parents, teachers and physicians to spread their views thoroughly as to the effect of the overuse of alcohol. It should receive our condemnation, except when taken in moderation, or in certain cases where indicated as a remedial agent.

As to the poisonous effects of alcohol: We know that coffee is poisonous; tea is poisonous; tobacco is poisonous, still how many of us abstain totally from these? They produce certain changes, which are deleterious, either upon the heart muscle, or upon certain glands, or upon the cerebrum, or nervous centers. Alcohol produces a similar effect. But taken moderately, I believe those changes are so minute that any man, if he has normal will-power, can safely use it, without thinking that he is a disgrace to society, a disgrace to the community, or to the human race or to himself.

Dr. I. N. Bloom:—Do you think that when a drunken man goes home and copulates with his wife, that the result is always a male offspring? If the law of heredity be true, would it not apply equally to the male and female? That is, if a man goes home in a drunken condition, copulates with his wife and a child is conceived during the time of his drunkenness—the chances are that in ten thousand children so born, the sex under ordinary circumstances would be about equal—do you think that the law or heredity which applies in such cases, applies with greater force to the male? All the alienists, for instance, will insist that neurotic influence may be traced to drunkenness, and they occur equally in the male and female. Now, it would seem from what has been said to-night that the tendency to drunkenness is transmitted entirely to the male, and not to the female. It is exceptional that we find, especially in the better class of people, a case of apparent inherited drunkenness in the female.

Dr. W. P. White:—(Visiting.) As health officer of the city of Louisville, the question under consideration has been the subject of much thought to me. I believe I can safely say the inordinate use of liquors has caused more sickness and death than all the epidemics that ever visited our country, and there should be some means of controling the inebriate and restoring him, if possible, to a healthy condition.

Treatment in asylums would no doubt be the best, but the trouble is, the multitudes needing attention are so great it would be too expensive to put in operation a sufficient number of such institutions to meet the requirements, and even if this were done a large majority of these sufferers could not be reached.

If the medical profession would consider alcoholism as a disease, or a condition demanding their attention, as does pneumonia or typhoid fever, no doubt much relief would be given this unfortunate class; but the drunkard is so unreliable and so unsatisfactory to deal with, the doctor is loath to take him in hand.

My experience in these cases, though limited, is sufficient to satisfy me that they can be benefitted by medicine, and the remedy "Antidipsole" mentioned in Dr. Satterwhite's paper has proved most successful in my hands.

Dr. J. B. Marvin:—The subject under discussion is extremely interesting, and one that I have watched closely as a teacher of medicine for more than twenty years, and the changes in views of the medical profession have been most radical. The authors

of books on medicine, as well as the profession that do not write, I think I can safely say have worked complete revolution in their views in regard to the use and functions of alcohol.

Dr. Satterwhite's very conservative paper I can fully endorse. I would like to make the distinction a little sharper than he has done in one or two respects. First, I do not believe that drinking is a disease; if it is I have an immense number of diseased friends. The tendency on part of some of the temperance lecturers to put down the drink habit as "pure cussedness," to call it a sin and denounce it, seems very uncharitable. On the other hand I do not agree with some of the alienists and neurologists, especially Crothers, who has been coming to the front with that view in this country, that the use of alcohol is a disease. I think they confound the effects produced on organs by the long-continued and excessive use of it, with the alcohol itself. If drinking is a disease, then the appetite for sour kraut and pickles is a disease. I do not believe it. They would confound results with the habit itself. We ought to make a distinct line between the use of alcohol in moderation, and its use in excess. Certainly alcohol in some shape or other is used by the majority of mankind, and it would not do to call them all diseased. That point is well made by my friend Dr. Weidner. It might be well to take this view, that the appetite for liquor be it ever so slight, would be hard to curb, increasing as drinking is carried to excess, therefore the wisest thing might be to crush out the appetite in the beginning. We can all accept that idea as being the proper one. I think there is a chance for recovery of the drunkard in the line as suggested by Dr. Weidner; I also agree with him that the example has a great deal to do with the drink habit. that is the reason so many more men drink. The universal custom of meeting people and asking them to take a drink has worked untold harm.

The next point touched upon is heredity: This is a very difficult matter to determine, and it will not do to draw conclusions from any one man's limited experience—you must take the profession at large, and even then nothing can lie so badly as statistics, except tombstones. Seriously. however, the conclusion must force itself home to every man, that if we can inherit, as we see every day, the father's shade of eyes, color of hair, shape of nose, etc., as well as some diseases, why should we not inherit some of his appetites? It would be a hard matter to prove and equally hard to disprove.

The point made by Dr. Bloom regarding the male and female sex is well taken: Everybody without question will admit the claim that a drunkard is very likely to beget children with an irritable or excitable nervous system; there is unquestionably a peculiar nervous condition which may have something to do with their yielding to an appetite, and which tends to increase or grow. That is about as far as we are justified in going at present in speaking of the hereditary influences.

As to treatment: Certainly it may be said about the drink habit, as has been said about coughing—the best remedy for a cough is *not to cough;* the best remedy for the drink habit is *not to drink.* The best point that has been made here, and the strongest argument in favor of drunkenness not being a disease, is that no remedy you can give, and no confinement that you can make, no matter what strength of medicine, or character of treatment instituted, it offers nothing unless the patient mak s up his mind that he will reform. If we have a patient suffering from pneumonia, malaria or rheumatism, he does not have to make up his mind that he is going to get well in order to recover.

The remedial agents mentioned by Dr. Satterwhite, I believe are entitled to a great deal more credit then he seems disposed to give them. The chief among these remedies in my opinion is strychnine. This drug in increasing doses given hypodermatically has a better effect than anything I have tried. The doctor who does

not give strychnine in this condition, and give it in large doses, has not reached the full measure of his opportunities. It is given not with the idea that it limits the desire for drink, but it furnishes a powerful *vis a tergo*. It is a tonic; it relieves that condition of gastric catarrh; improves the sluggish condition of the portal circulation, etc.

I think the Keeley cure has been of wonderful benefit to this country. While many cases have been relapsed after taking his treatment, yet he should be given proper credit. He has done good by bringing the matter prominently before the profession and making us treat these cases. I fail to see any reason why we should belittle him. We have been inclined to neglect such cases; he has demonstrated that there is a chance for benefit by proper medication. The other ingredients that Keeley uses is stropine or hyoscine. The gold that he claims he uses I have very little faith in. I give gold as a tonic in various neurotic conditions, and believe it is indicated in certain cases. There is one remedy that Keeley uses, which I have employed quite frequently, and I think it is a very valuable remedy in many conditions, —it is the specific of all in acute attacks of hysteria,—that is apomorphia. This is of undoubted value in the treatment of alcoholism by causing nausea and disgust for liquor, and may be given either by the stomach or hypodermatically.

Dr. I. N. Bloom:—Dr. Marvin has covered a great many of the points that I intended to make. In regard to the theory of hereditary: All authorities claim that we may not only inherit disease, but also peculiarities, which tends to make the son obtain some of the characteristics of the father, and in that way be thrown where he will acquire practically the same habits of the father and grandfather that preceded him. The children are associated to a large extent with the friends of the father, and are practically surrounded by the same environments. It is the influence thus exerted that prompts a great many boys to take their first drink of whiskey. A very comprehensive article written by Dr. Keeley on this subject was published in one of New York papers a few weeks ago.

Dr. Keeley has had a very extensive experience in the treatment of inebriety, having probably observed in the last five or six years over two hundred thousand cases, and Dr. Marvin will bear me out in the statement that he has done a vast amount of good. Certainly the opinions of a man with such wide experiences are entitled to considerable consideration. All of us have a large circle of friends and acquaintances, and can probably think of a number of cases where men have been positively given up as hopeless drunkards, who have gone to the Keeley cure and returned cured with absolutely no desire to drink for periods varying from one to four or five years. I have in mind now one man who had been a confirmed drunkard for twenty years; he has been going from bad to worse; he was a disgrace to his family and friends. Finally he was persuaded to take the Keeley cure, and I am glad to say that for the past two years he has not taken a drop of alcohol; he says that he cannot bear the sight or smell of whiskey, and I believe the cure will be permanent. I know of a number of others whom I have observed for several years, and hardly a day passed that I did not see them more or less under the influence of liquor. Almost without exception since taking the Keeley cure, they have no desire for whiskey, or if they have, their will is sufficiently strong to overcome the craving. On the other hand we have all seen relapses, and we are inclined to blame Keeley, to condemn his treatment, etc. We forget all of his successes.

While I do not believe the gold treatment is a specific, I do know the Germans have long advocated its use in such cases; it is by no means a new remedy. It matters not whether we believe Mr. Keeley is a swindler, a quack, or what not, the fact still remains that he has been the means of doing a great deal of good, and is entitled to proper credit. He claims ninety-five per cent. of cures. I do not know

what the percentage of cures is by other means. We cannot afford to be narrow minded in a matter of this kind; we must consider both sides of the question fairly. I do not know exactly Mr. Keeley's plan of treatment, nor do I care; it matters not whether he gives one grain or fifty of a certain preparation, so long as proper results are obtained.

As regards "Antidipsole:" I have had a limited experience with it. I had the honor of suggesting the name. At that time Dr. Carvin was casting about for a number of years, but had never put it upon the market. I believe Antidipsole is certainly as good as the Keeley cure, but it is unfortunately not as yet known by the profession at large. I am glad to be able to speak a good word for it. If I treated a large number of cases of this kind, I should certainly experiment further with antidipsole.

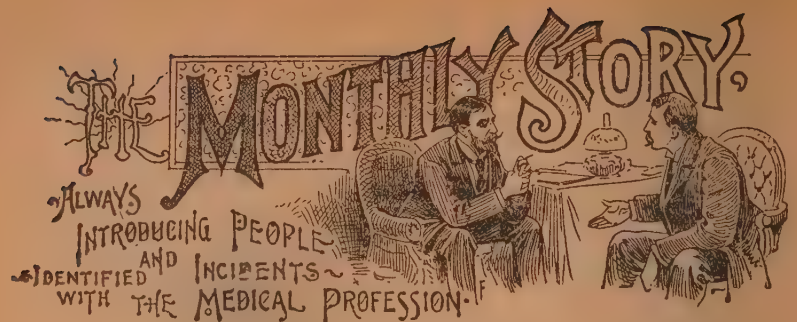
Dr. T. P. Satterwhite:—In closing the discussion: I wish to thank the members for the very full discussion of the paper, and also for calling attention to one point of moment in the treatment of alcoholism that I omitted, i. e, the conscientious and earnest desire on the part of the patient to be cured. If they lack this conscientious, earnest desire to be relieved, it is not worth while for them to take antidipsole, the Keeley cure for anything else.

As stated in my paper, there are thousands of people who could not avail themselves of the asylum treatment if this plan were to be put into effect; again they are not inclined to look upon inebriety as a disease, and consequently see no necessity for placing themselves under a physician's care; cure in such cases is exceedingly difficult. If we have a remedy that will to a great extent do away with the taste for liquor, by its administration we have advanced a considerable step toward relief to the person who desires to be cured.

One point has not been mentioned: Not only should there be an earnest desire on the part of the person to be relieved of the liquor habit before any medicine administered will counteract the appetite, but there is a higher power than all this which has its influence, and that is the Grace of God. I want to go on a record as saying that without this, all your medicines, Keeley cure or anything else will be of no benefit in the treatment of alcoholism.

"My doctor is a real joker," said a Lewiston lady, "I did't know that my talking bothered him when he was writing prescriptions until yesterday. He never mentioned it, and I always asked him all sorts of questions while he was writing them out. Yesterday he examined me and sat down to write something. I kept talking. Suddenly he looked up and said: 'how has your system been? Hold out your tongue.' I put out that member and he began to write. He wrote and I held out my tongue, and when he got through he said: 'That will do.' 'But,' said I, 'you haven't looked at it. 'No,' said he, 'I don't care to, I only wanted to keep it still while I wrote the prescription.'"

His Golden Opportunity.—"What's the matter Gerald?" exclaimed his horrified wife. "The matter?" shouted the young doctor, turning a handspring on the parlor carpet, dancing a jig, throwing his hat violently against the ceiling and stamping on it as it came down. "The matter?" he repeated, catching her round the waist and whirling her in a mad waltz about the room. "Oh, nothing, only my bottle of anti-toxine has just got here; I'm the only doctor in fifty miles that has any, and I have a lovely case of diphtheria over in the next block!"



THE SEVENTH STEP.

By Clifford Halifax, M. D.

A PLEASURE yacht, of the name of *Ariadne*, was about to start upon a six-weeks' cruise. The time of the year was September — a golden, typical September—in the year of grace 1893. The *Ariadne* was to touch at several of the great northern ports; Christiania, St. Petersburg, and others. I had just gone through a period of hard and anxious work. I found it necessary to take a brief holiday, and resolved to secure a berth on board the *Ariadne*, and so give myself a time of absolute rest. We commenced our voyage on the second of the month; the day was a lovely one, and every berth on board had secured an occupant.

We were all in high spirits, and the weather was so fine that scarcely anyone suffered from sea sickness. In consequence, the young ship's docter, Maurice Curwen, had scarcely anything to do.

The passengers on board the *Ariadne* were, with one exception, of the most ordinary and conventional type, but a girl who was carried on board just before the yacht commenced her voyage aroused my professional sympathies from the first. She was a tall, dark-eyed girl of about eighteen or nineteen years of age—her lower limbs were evidently paralyzed, and she was accompanied by a nurse who wore the picturesque uniform of the Charing Cross Hospital.

The young girl was taken almost immediately to a deck cabin which had been specially arranged for her, and during the first two or three days of our voyage I had not an opportunity of seeing her again. When we reached the smooth waters of the Norwegian fjords, however, she was carried almost every day on deck. Here she lay under an awning, speaking to no one, and apparently taking little interest either in her fellow-passengers or in the marvellous beauties of Nature which surrounded her.

Her nurse usually sat by her side—she was a reserved-looking, middle-aged woman, with a freckly face and thin, sandy hair. Her lips were perfectly straight in outline and very thin, her eyebrows were high and faintly marked—altogether, she had a disagreeable and thoroughly unsympathetic appearance.

I was not long on board the *Ariadne* berore I was informed that the sick girl's name was Dagmar Sorenson—that she was the daughter

of a rich city merchant, and was going to St. Petersburg to see her father's brother, who was a celebrated physician there.

One morning, on passing Miss Sorensen's cabin, my footsteps were arrested by hearing the noise of something falling within the room. There came to my ears the crash of broken glass. This was immediately followed by the sound of rapid footsteps which as suddenly stopped, as though the inmate of the room was listening intently. Miss Sorensen's nurse, who went by the name of Sister Hager, was probably doing something for her patient, and was annoyed at anyone pausing near the door. I passed on quickly, but the next moment, to my astonishment, came face to face with Sister Hagar on the stairs. I could not help looking at her in surprise. I was even about to speak, but she hurried past me, wearing her most disagreeable and repellent expression.

What could the noise have been? Who could have moved in the cabin? Miss Sorensen's lower limbs were, Curwen, our ship's doctor, had assured me, hopelessly paralyzed. She was intimate with no one on board the *Ariadne*. What footsteps had I listened to?

I thought the matter over for a short time, then made up my mind that the stewardess must have been in Miss Sorensen's cabin, and having come to this conclusion, I forgot all about this circumstance.

That afternoon I happened to be standing in the neighborhood of the young lady's deck chair; to my surprise, for she had not hitherto taken the least notice of me, she suddenly raised her full, brilliant dark eyes, and fixed them on my face.

"May I speak to you?" she said.

I came np to her side immediately.

"Certainly," I answered. "Can I do anything for you?"

"You can do a great deal if you will," she answered. "I have heard your name; you are a well-known London physician."

"I have a large practice in London," I replied to her.

"Yes," she continued, "I have often heard of you—you have doubtless come on board the *Ariadne* to take a holiday?"

"That is true," I answered.

"Then it is unfair——" She turned her head aside, breaking off her speech abruptly.

"What is unfair?" I asked.

"I have a wish to consult your professionally, but if you are taking a holiday, it is unfair to expect you to give up your time to me."

"Not at all," I replied. "If I can be of the slightest use to you, pray command me; but are you not under Curwen's care?"

"Yes, oh, yes; but that doesn't matter." She stopped speaking abruptly; her manner, which had been anxious and excited, became suddenly guarded—I looked up and saw the nurse approaching us. She carried a book and shawl in her hands.

"Thank you, Sister Hagar," said Miss Sorensen. "I shall not require your services any more for the present."

The nurse laid the shawl over the young lady's feet, placed the book within reach, and bestowing an inquisitive glance on me, walked slowly away.

When she was quite out of sight, Miss Sorensen resumed her conversation.

"You see that I am paralyzed," she said. I bowed an acknowledgement of this all-patent fact

"I suffer a good deal," she continued. "I am on my way to St. Petersburg to see my uncle, who is a very great physician. My father is

most anxious that I should consult him. Perhaps you know my uncle's name—Professor Sorensen? he is one of the doctors of the court."

"I cannot recall the name just now," I said; "but that is of no consequence. I have no doubt he is all that you say."

"Yes he is wonderfully clever, and holds a high position. It will be some days before we get to Russia, however, and—I am Ill. I did not know when when I came on board the *Ariadne* that a doctor of your professional eminence would be one of the passengers. Perhaps Mr. Curwen will not object——" She paused.

"I am sure he will not object to having a consultation with me over your case," I answered. "If you wish it, I can arrange the matter with him."

"Thank you—but—I don't want a consultation. My wish is to see you—alone."

I looked at her in surprise.

"Don't refuse me," she said, in a voice of entreaty.

"I will see you with pleasure with Curwen," I said.

"But I want to consult you independently."

"I am sorry," I answered; "under the circumstances, that is impossible,"

"Why so?" she asked.

"Because professional etiquette makes it necessary for the doctor whom you have already consulted to be present," I replied.

Her eyes flashed angrily.

"How unkind and queer you doctors are," she said, "I cordially hate that sentence forever on your lips, 'Professional etiquette.' Why should a girl suffer and be ill, because of anything so unreasonable?"

"You must forgive me," I said. "I would gladly do anything for you; I will see you with pleasure with Curwen."

"Must he be present?"

"Yes."

"I cannot stand this. If he consents to your seeing me alone, have you any objection to make?"

At that moment Curwen suddenly appeared. He was talking to one of the ship's crew, and they were both slowly advancing in Miss Sorensen's direction.

"Mr. Curwen, can I speak to you?" called out Miss Sorensen.

He came to her at once.

I withdrew in some annoyance, feeling pretty well convinced that the young lady was highly hysterical and required to be carefully looked after.

By-and-by, as I was standing by the deck rail, Curwen came up to me.

"I have talked to Miss Sorensen," he said. "She is most anxious to consult you, Dr. Halifax, but says that you will not see her except in consultation with me. I beg of you not to consider me for a moment. I take an interest in her, poor girl, and will be only too glad to get your opinion of her case. Pray humour her in this matter."

"Of course, if you have no objection, I have none," I answered. "I can talk to you about her afterwards. She is evidently highly nervous."

"I fear that is the case," replied Curwen. But," he added, "there is little doubt as to her ailment. The lower limbs are paralyzed; she is quite incapable of using them."

"Did you examine her carefully when she came on board?" I asked.

"I went into the case certainly," replied Curwen; "but if you mean that I took every step to complete the diagnosis of the patient's condition, I did not consider it necessary. The usual symptoms were present. In short Miss Sorensen's

case was, to my mind, very clearly defined to be that of spastic paralysis, and I did not want to worry her by useless experiments."

"Well, I will see her, as she wishes for my opinion," I replied slowly.

"I am very pleased that you should do so," said Curwen.

"Do you happen to have an electric battery on board?" I asked.

"Yes, a small one, but doubtless sufficient for your purpose. Will you arrange to see Miss Sorensen to-morrow morning?"

"Yes," I answered. "If I am to do her any good, there is no use in delay."

Curwen and I talked the matter over a little further, then he was obliged to leave me to attend to some of his multifarious duties.

The nightly dance had begun—awnings had been pulled down all round the deck, and the electric light made the place as bright as day. the ship's band was playing a merry air, and several couples were already revolving round in the mazes of the waltz.

I looked to see if Miss Sorensen had come on deck. Yes, she was there; she was lying as usual on her own special couch. The captain's wife, Mrs. Ross, was seated near her, and Captain Ross stood at the foot of her couch. She was dressed in dark, rose-coloured silk, worn high to the throat, and with long sleeves. The whiteness of her complexion and the gloomy depths of her big, dark eyes were thus thrown into strong relief. She looked strikingly handsome.

On seeing me, Captain Ross called me up, and introduced me to Miss Sorensen. She smiled at me in quite a bright way.

"Dr. Halifax and I have already made each other's acquaintance," she said. She motioned me to seat myself by her side. The conversation, which had been animated before I joined the little party, was now continued with *verve*. Miss Sorensen, quite contrary to her wont, was the most lively of the group. I observed that she had considerable powers of repartee, and that her conversational talent was much above the average. Her words were extremely well chosen, and her grammar invariably correct. She had, in short, the bearing of a very accomplished woman. I further judged that she was a remarkably clever one, for I was not five minutes in her society before I observed that she was watching me with as close attention as I was giving to her.

After a time Captain and Mrs. Ross withdrew, and I found myself alone with the young lady.

"Don't go," she said, eagerly, as I was preparing to rise from my chair. "I spoke to Mr. Curwen, she continued, dropping her voice; "he has not the slightest objection to your seeing me alone. Have you arranged the matter with him?"

"I have seen him," I replied, gravely. "He kindly consents to waive all ceremony. I can make an appointment to see you at any hour you wish."

"Pray let it be to-morrow morning—I am anxious to have relief as soon as possible."

"I am sorry that you suffer," I replied, giving her a sudden, keen glance—"you don't look ill, at least not now."

"I am excited now," she answered. "I am pleased at the thought——"

She broke off abruptly.

"Is Sister Hagar on deck?" she asked.

"I do not see her," I replied.

"But look, pray, look. Dr. Halifax—I *fear* Sister Hagar."

There was unquestionable and most genuine terror in the words. Miss Sorensen laid her hand on mine—it trembled.

I was about to reply, when a thin

voice, almost in our ears, startled us both.

"Miss Sorensen, I must take you to bed now," said Nurse Hagar.

"Allow me to help you, nurse," I said, starting up.

"No, thank you, sir," she answered, in her most disagreeable way. "I can manage my young lady quite well alone."

She went behind the deck-chair, and propelled it forward. When she got close to the little deck cabin, she lifted Miss Sorensen up bodily in her strong arms, and conveyed her within the cabin.

During the night I could not help giving several thoughts to my new patient—she repelled me quite as much as she attracted me. She was without doubt a very handsome girl. There was something pathetic, too, in her dark eyes and in the lines round her beautifully curved mouth; but now and then I detected a ring of insincerity in her voice, and there were moments when her eyes, in spite of themselves, took a shifty glance. Was she feigning paralysis? What was her motive in so anxiously desiring an interview with me alone?

Immediately after breakfast, on the following morning, Sister Hagar approached my side.

"Miss Sorensen would be glad to know when it would be convenient for you to see her, Dr. Halifax," she said.

"Pray tell her that I can be with her in about ten minutes," I replied.

The nurse withdrew and I went to find Curwen.

"Is your electric battery in order?" I asked.

"Come with me to my cabin," he replied.

I went with him at once. We examined the battery together, put it in order, and then tested it. I took it with me to Miss Sorensen's cabin. Sister Hagar stood near the door. She came up to me at once, took the battery from my hands, and laid it on a small table near the patient. She then, to my astonishment, withdrew, closing the door noiselessly behind her.

I turned to look at Miss Sorensen, and saw at a glance that she was intensely nervous. There was not a trace of colour on her face; even her lips were white as death.

"Pray get your examination over as quickly as you can," she said, in an almost fretful voice.

"I am waiting for the nurse to return," I replied. "I have several questions to ask her."

"Oh, she is not coming back. I have asked her to leave us together."

"That is nonsense," I said; "she must be present. I cannot apply the electric battery without her assistance. If you will permit me, I will call her."

"No, no, don't go—don't go!"

I looked fixedly at my patient. Suddenly an idea occurred to me.

I pushed the table aside on which the battery had been placed, and stood at the foot of Miss Sorensen's bed.

"The usual examination need not take place," I said, "because——"

"Why?" she asked. She half started up on her couch; her colour changed from white to red.

"Because you are not paralyzed!" I said, giving her a sudden, quick glance, and speaking with firmness.

"My God, how do you know?" she exclaimed. Her face grew so colourless that I thought she would faint. She covered her eyes with one trembling hand. "Oh, Sister Hagar was right," she continued, after a moment. "I did not believe her—I assured her that it was nothing more than her fancy."

"I have guessed the truth," I said, in a stern voice.

"Alas, yes, you have guessed the truth." As she spoke, she sprang

with a light movement from her couch and stood before me.

"I am no more paralyzed than you are," she said; but how, *how* do you know?"

"Sit down and I will tell you," I replied.

She did not sit—she was far too much excited. She stood near the door of her little cabin. "Did you really hear the bottle fall and break, yesterday morning?"

"I heard a noise which might be accounted for in that way," I answered.

"And did you hear my footsteps?"

"I heard footsteps?"

"Sister Hagar said that you knew—I hoped, I hoped—I earnestly trusted that she was wrong."

"How could she possibly tell?" I replied. "I met her on the stairs coming towards the cabin. I certainly said nothing—how was it possible for her to read my secret thoughts?"

"It was quite possible. She saw the knowledge in your eyes; she gave you one glance—that was sufficient. Oh! I hoped she was mistaken."

"Mine is not a tell-tale face," I said.

"Not to most people, but it is to her. You don't know her. She is the most wonderful, extraordinary woman that ever breathed. She can read people through and through. She can stand behind you and know your eyes flash and your lips smile. Her knowledge is terrible. She can almost see through stone walls. I told you last night that I dreaded her—I do more than that—I fear her horribly—she makes my life a daily purgatory!"

"Sit down," I said, in a voice which I made on purpose both cold and stern: "it is very bad for you to excite yourself in this way. If you dislike Sister Hagar, why is she your nurse? In short, what can be your possible motive for going through this extraordinary act of deception? Are you not aware that you are acting in a most reprehensible manner? Why do you wish the passengers of the *Ariadne* to suppose you to be paralyzed, when you are in reality in perfect health?

"In perfect health?" she repeated, with a shudder. "Yes, I am doubtless in perfect bodily health, but I am in—oh, in such bitter anguish of soul."

"What do you mean?"

"I can no more tell you that, than I can tell you why I am in Sister Hagar's power. Pray forget my wild words. I know you think badly of me, but your feelings would be changed to profound pity if you could guess the truth. Now listen to me—I have only a moment or two left, for Sister Hagar will be back almost directly. She found out yesterday that you had guessed my secret. I hoped that this was not the case, but, as usual, she was right and I was wrong. The moment my eyes met yours, when I first came on deck, I thought it likely that you might see through my deception. Sister Hagar also feared that such would be the case. It was on that account that I avoided speaking to you, and also that I remained so silent and apparently uninterested in everyone, when I went on deck. I asked for this interview yesterday for the express purpose of finding out whether you really knew about the deception which I was practicing on everyone on board. If I discovered that you had pierced through my disguise, there was nothing for me but to throw myself on your mercy. Now you know why I was so desirous of seeing you without Mr. Curwen."

"I understand," I answered. The whole matter is most strange, wrong, and incomprehensible. Before I leave you, may I ask what motive

influences you? There must be some secret reason for such deception as you practice."

Miss Sorensen coloured, and for the first time since she began to make her confession, her voice grew weak and faltering—her eyes took a shifty glance, and refused to meet mine.

"The motive may seem slight enough to you," she said; "but to me it is and was sufficiently powerful to make me go through this sham. My home is not a happy one; I have a step-mother, who treats me cruelly. I longed to get away from home and see something of life. My father's brother, Professor Sorensen, of St. Petersburg, is a very celebrated Court physician—my father is proud of him, and has often mentioned his name and the luxurious palace in which he lives. I have never met him, but I took a curious longing to pay him a visit, and thought of this way of obtaining my desires. Professor Sorensen has made a special study of nervous diseases such as paralysis. Sister Hagar and I talked the matter over, and I resolved to feign this disease in order to get away from home and to pay my uncle a visit. All went well without hitch of any sort until yesterday morning."

"But it is impossible for you to suppose," I said, "that you can take in a specialist like Professor Sorensen."

"I don't mean to try—he'll forgive me when I tell him the truth, and throw my-self on his mercy."

"And is Sister Hagar a real nurse?" I asked, after a pause.

"No, but she has studied the part a little, and is far too clever to commit herself."

Miss Sorensen's face was no longer pale—a rich colour flamed in her cheeks, her eyes blazed—she looked wonderfully handsome.

"And now that you have confided in me," I said, "what do you expect me to do with my knowledge?"

"To respect my secret and to keep it absolutely and strictly to yourself."

"That is impossible—I cannot deceive Curwen."

"You must—you shall. Why should two—two be sacrificed? And he is so young, and he knows nothing now—nothing. Oh, do have mercy on him! Oh, my God, what wild words am I saying? What must you think of me?"

She paused abruptly, her blazing eyes were fixed on my face.

"What must you think of me? she repeated.

"That you are in a very excitable and over-strained condition, and perhaps not quite answerable for your actions," I replied.

"Yes, yes," she continued; "I am over-strained—over-anxious—not quite accountable—yes—that is it—that is it—but you will not tell Mr. Curwen—Oh, be merciful to me, I beg of you. We shall soon reach St. Petersburg. Wait, at least, until we get there before you tell him—promise me that. Tell him then if you like—tell all the world, then, if you choose to do so, but respect my secret until we reach Russia.

As Miss Sorensen spoke, she laid her hand on my arm—she looked at me with a passion which seemed absolutely inadequate to her very poor reason for going through this ordinary deception.

"Promise me," she said—"there's Sister Hagar's knock at the door—let her in—but promise me first."

"I will think the whole case over carefully before I speak to anyone about it," I replied. I threw the door open as I spoke, and went out of the little cabin as Sister Hagar came in.

That afternoon Curwen asked me about Miss Sorensen—I replied to him briefly.

"It will tell you all about the case," I said, "in a short time—there is a mystery which the young lady has divulged, and which she has earnestly implored of me to respect until we reach St. Petersburg."

"Then you believe she can be cured?" said Curwen,

"Unquestionably—but it is a strange story, and it is impossible for me to discuss it until I can give you my full confidence. In the meantime, there is nothing to be done in the medical way for Miss Sorensen—I should recommend her to keep on deck as much as possible—she is in a highly hysterical state, and the more fresh air she gets, the better."

Curwen was obliged to be satisfied with this very lame summary of the case, and the next time I saw Miss Sorensen, I bent over her and told her that I intended to respect her secret until after we arrived at St. Petersburg.

"I don't know how to thank you enough," she said—her eyes flashed with joy, and she became instantly the most animated and fascinating woman on board.

At last we reached the great northern port, and first amongst those to come on board the *Ariadne* was the tall and aristocratic form of Professor Sorensen. I happened to witness the meeting between him and his beautiful niece. He stooped down and kissed her on her white brow. A flush of scarlet spread all over her face as he did so. They spoke a few words together—then Sister Hagar came up and touched Miss Sorensen on the arm. The next moment I was requested to come and speak to the young lady

"May I introduce you to my uncle, Dr. Halifax?" she said. "Professor Sorensen—Dr. Halifax. I can scarcely tell you, Uncle Oscar," continued the young lady looking full in his face, "how good Dr. Halifax has been to me during my voyage."

Professor Sorensen made a polite rejoinder to this and immediately invited me to come to see him at his palace in Nevski Prospect.

I was about to refuse with all the politeness I could muster, when Miss Sorensen gave me a glance of such terrible entreaty that it staggered me, and almost threw me off my balance.

"You will come; you must come," she said.

"I can take no refusal," exclaimed the Professor. "I am delighted to welcome you as a brother in the great world of medical science. I have no doubt that we shall have much of interest to talk over together. My laboratory has the good fortune to be somewhat celebrated, and I have made experiments in the cultivation of microbes which I should like to talk over with you. You will do me the felicity of dining with me this evening, Dr. Halifax?"

I considered the situation briefly—I glanced again at Miss Sorensen.

"I will come," I said—she gave a sigh of relief and lowered her eyes.

Professor Sorensen moved away and Sister Hagar went into the young lady's cabin to fetch something. For a moment Miss Sorensen and I were alone. She gave me an imperious gesture to come close to her.

Sit on that chair—stoop down, I dont want others to know," she said.

I obeyed her with some surprise.

"You have been good more than good," she said, "and I respect you. I thank you from my heart. Do one last thing for me."

"What is that?"

"Don't tell our secret to Maurice Curwen until you have returned from dining with my uncle. Promise me this; I have a very grave reason for asking it of you.

"I shall probably not have time to tell him between now and this evening," I said, "as I mean immediately to land and occupy myself looking over the place.

At this moment Sister Hagar appeared, carrying all kinds of rugs and parcels—amongst them was a small, brass-bound box, which seemed to be of considerable weight. As she approached us, the nurse knocked her foot against a partition in the deck, stumbled and would have fallen had I not rushed to her assistance. At the same time the heavy, brass-bound box fell with some force to the ground. The shock must have touched some secret spring for the cover immediately bounced open and several packets of paper were strewn on the deck. I stooped to pick them up, but Nurse Hagar wrenched them from my hands with such force that I could not help glancing at her in astonishment. One packet had been thrown to a greater distance than the others. I reached back my hand to pick it up, and, as I did so, my eye lighted on a name in small black characters on the cover. The name was Olga Krestofski. Below it was something which looked like hieroglyphics, but I knew enough of the Russian tongue to ascertain that it was the same name in Russ—with the figure 7 below it.

I returned the packet to the nurse—she gave me a glance which I was destined to remember afterwards—and Miss Sorensen uttered a faint cry and turned suddenly white to her lips.

Professor Sorensen came hastily up—he administered a restorative to his niece, and said that the excitement of seeing him had evidently been too much for her in her weak state. A moment later the entire party had left the yacht.

It was night when I got the magnificent palace in the Nevski Prospect where Professor Sorensen resided.

I was received with ceremony by several servants in handsome livery, and conducted immediately to a bed-room on the first floor of the building. The room was of colossal size and height, and, warm as the weather still was, was artificially heated by pipes which ran along the walls. The hangings and all the other appointments of this apartment were of the costliest, and as I looked around me, I could not help coming to the conclusion that a Court physician at St. Petersburg must hold a very lucrative position.

Having already made my toilet, I was about to leave the room to find my way as best I could to the reception-rooms on the ground floor, when, to my unbounded amazement, I saw the massive oak door of the chamber quickly and silently open, Miss Sorensen, magnificently dressed, with diamonds in her black hair and flashing round her slim white throat, came in. She had not made the slightest sound in opening the door, and now she put her finger to her lips to enjoin silence on my part. She closed the door gently behind her, and, coming up to my side, pressed a note in my hand. She then turned to go.

"What is the meaning of this?" I began.

"The note will tell you," she replied. "Oh, yes, I am well, quite well—I have told my uncle all about my deception on board the *Ariadne*. For God's sake don't keep me now. If I am discovered, all is lost."

She reached the door as she spoke, opened it with a deft, swift, absolutely silent movement, and disappeared.

(To be concluded.)

NO WONDER.

Sickerly—"Never had dyspepsia? What do you take for dinner?"

Wellman—"About an hour and a half."

WHEN the case is urgent, it is a nigh and near doctor you want.

A HAPPY PROVISION OF NATURE.

Mrs Littleun—"Oh who can tell what a baby thinks?"

Mr. Littleun—"It's well for decent ears that the baby can't—when its teething or being dosed.

Sanford—"What beautiful golden hair Miss Blondine has:"

Merton—(The jilted one) "Yes, she is like her hair—fair, but false.

CONSOLING.

Patient—"I am in awful agony, Doctor. It don't seem possible that I could endure worse pain."

Doctor—"Oh you'll alter your mind after you have taken the dose I have prescribed for you."

A MORE IMPORTANT CASE.

Hackman—"Is the doctor home?"

Bridget—'Yes, sir; he's out in the back yard killing a chicken."

Hackman—"Call'im in, I've got bigger game."

EASY TO LOCATE.

Stranger—"Where does that new dentist have his office?"

Policeman—"You mean the one who pulls teeth without pain?"

Stranger—"Yes."

Policeman—"Go right around the corner. You will have no trouble in finding his office; you can hear his patients yell half a block away.

Josiah—(at city restaurant)—"Mandy, can you cut your steak: I can't."

Mandy—"Law, Josiah, that's nothing. I reckon it's this beef and iron we've read so much about."

Jones—"Did you hear that old man Skinflint died intestate?"

Smith—"I always knew that he ate too much, and that it would sooner or later affect his intestines: —*Ex.*

A CHIROPODIST announces on his cards that he has had the honor of removing corns from several of the crowned heads of Europe:—*Printer's Ink.*

He—"The doctor has told me to take a walk every evening for exercise,but he says I ought to have some object in view."

She—"Why not think of home?"

A DIRE DISEASE AND DESPERATE TO CURE.

Major Culpepper—"Doctor I'm knocked out—I'm feeling very poorly this morning.

Dr. Wyse—"Take a pill and follow it up with quinine."

Major—"Oh, I never could endure blue mass."

Dr——"Well, a dose of castor oil, then."

Major—"Ugh! impossible!

Dr——"Hum! I don't know—take a—take a good stiff julep—plenty of mint and whiskey."

Major—"Anything you say, Dr.; anything you say; (ring the bell.)"

One of our butchers was driving a lot of scrawny-looking cattle to his yards lately when a thirty-inch street boy yelped out. "Say, you goin to make chewin gum out o' them." The butcher smiled, but his smile had no sugar in it.—*Ex.*

Apothecaries have some very queer applications for prescriptions. An old war veteran limped into a shop one day, and said to the druggist:

"I want some medicine."

"What kind of medicine?"

"Oh, some sort of vermifuge, I suppose."

"Where does the seat of your difficulty seem to be?"

"In my wooden leg, mister. It's gettin' all worm eaten."—*Ex.*

Dr. Bowless—In the first place, you want to take six or seven meals a day—light ones you know—instead of eating only three times.

Judge—That is going to be an awful lot of bother.

"And take a glass of whiskey, straight, before each meal."

"I guess I can find time to attend to it, somehow."

NEW AILMENTS.

"Strange, ain't it, the new kinds of ailments folks has?" remarked Mr. Simri Smith, after reading his newspaper. "Now I've been a-reading an advertisement in here of a new medicine, and it says it's dreadful good for a sluggish liver."

"Liver trouble ain't no disease, pa," responded Mrs Smith. "I remember grandfather having liver trouble when I wasn't more'n ten year old."

"I was a saying that this medicine was good for sluggish liver, Martha Ann, and what beats me is how them slugs get inside the liver, anyhow.

The sympathetic neighbor, learning that the doctor was going to "diagnose" Mrs. Dolan's case, advised her not to risk it; to put on a mustard plaster instead, and trust to luck.

"It does beat all," said Farmer Corntossel, "how often ye hear of folks leadin' double lives in these big cities."

"Yes," replied his wife. "I see that only the other day there was a pair of Siamese twins born there."

Every lady before going out infallibly asks: "Is my bonnet on straight?"

Understanding the unchangeability of human nature, and remembering how our first parents dressed, we see that poor Eve had no choice under similar conditions but to ask, "Adam, is my fig-leaf on straight."—*Ex*

What is the use of seeking wealth,
Destroying soul and brain?
Since folks declare who have been there,
It nothing gives but pain.
But ah, the secret here we greet;
It is the kind of pain that's sweet!

REPRESENTATIVE PRACTITIONERS.

(Fifth Group.)

There are in the State of Minnesota about fifteen hundred practicing physicians. According to the last reliable reports their average age is thirty-eight years. Their aggregate wealth is many millions, and averages something in excess of ten thousand dollars each. The pictures of several of the richest doctors of the State appear in the accompanying group. In educational training they are better equipped than the members of the profession in many of the older States. Taken as a whole they are a cosmopolitan body, and are inspired by the spirit of enterprise that has brought Minnesota into so great a prominence in so few years. Comparatively few are natives of Minnesota.

Our next group will be made up of doctors from the neighboring state of Iowa. Much that has been said of the medical profession in Wisconsin and Minnesota holds true of Iowa. The doctors of Iowa, like those of the sister states, have in many instances been pioneers, and like them, have been largely instrumental in erecting great Commonwealth out of trackless forests and unbroken prairies. Iowa can now claim the distinction of being the only one of them all having a prominent presidential candidate. We shall have a large representation of the influential Iowa physicians in our August issue.

In regard to the appearance of the Minnesota doctors as compared with those of Illinois, Michigan, New York, and Wisconsin, each must judge for himself. We find that it is not good policy to express our opinion too freely on this delicate point.

We wish to take advantage of this opportunity to thank the number of leading medical journals that have commented favorably upon our plan of illustrating the profession of the different States, more especially the *New York Medical Record.*

We have selected as number one of the present group, the venerable and venerated Dr. S. H. Duly, of Morris, Minn.

1. Dr. Duly is now in his sixty-seventh year. He is a self-made man, having left his father's house in New York State when fifteen years of age to make his own way in the world, unprepared by even a common school education. That he overcame these great difficulties besetting his path is evidenced by the fact that he has achieved success in a profession in which

pre-eminently education and training count. He has been coroner of his county; city physician, and at this writing is Health Officer, and president of the local board of pension examiners. We regret to say that Dr. Duly's health is not of the best.

2. J. H. Stuart, A. M., M. D., is a native of South Carolina, a graduate of Haverford College, Penn., and of Bellevue Hospital Medical College, of New York. He began practice in Indiana, removing in the early seventies to Lawrence, Kansas, where he remained until 1882. While in Kansas he was elected president of the State Medical Society. In 1882 he removed to Minneapolis, where he now resides. Dr. Stuart's work has been characterized by constant attention and close study. Dr. Stuart has found time to interest himself in educational matters, and has written for the profession. He is a firm believer in organization of the profession as a means of elevating its standards. He is at the present time Professor of Physical Diagnosis and Clinical Medicine in the Minneapolis College of Physicians and Surgeons.

3. Dr. George E. Routh is a native of Cincinnati, Ohio, and a graduate of the Miami Medical College of that city. His father, the well-known Dr. J. W. Routh, was a surgeon in the Union army and died in the service. After completing his course in medicine Dr. Routh took a private clinical course under Prof. Carson, of Cincinnati, making a special study of the diseases of the throat and lungs. After engaging in general practice for one year in Illinois, he removed to Austin, Texas, where there was a better field for his specialty. Here he attained eminence and success; was a member of the Board of Health, and one of the Board of Medical Examiners. On account of the ill health of himself and wife he removed to St. Paul in 1883, joining forces at first, with his brother Dr. J. W. Routh, Jr., who died three years later. Dr. Routh's success followed him to St. Paul. He now has a splendid practice of the best kind. His medical library is probably unsurpassed in the State of Minnesota.

4. Dr. D. Van Krevelen, Plato, Minn., joins with the practice of medicine a prosperous drug business of which he is the sole proprietor. We know very few facts concerning his career. He sent an acceptable check with his brief communication which found ready acceptance with our bankers.

5. George D. Swaine, M. D., of Duluth, Minnesota, was born in the wigwam of an Indian chief in the State of Wisconsin, year 1850, his mother being unexpectedly confined while traveling in a sleigh from Madison to Stephen's Point in that State. He says: "I received my education at the Whitewater, Wisconsin High School. Removed at the age of sixteen to Minnesota, where I worked on my father's farm until I was twenty-one years of age, studying nights and rainy days. At the age of seventeen I began the study of medicine. I entered Rush Medical College of Chicago, in September, 1871, and on the 9th of October, the Great Fire wiped out of existence all of my posseesions except the clothes I had on, but I stood by

the Faculty and during the winter roosted with them in the amphitheatre of the old Cook Co. Hospital, and in the winter of '72 and '73 burrowed with them under the sidewalk at the corner of Eighteenth and Arnold streets, graduating that year. Dr. Swaine first practiced at Le Seuer, Minn., for eight years. Removed from there to Wahpeton, N. D., where he succeeded brilliantly in medicine, politics and socially. After an eight years' residence in Wahpeton, he removed to Duluth, Minn, his present home. Here he conducts only an office practice, making a specialty of venereal and skin diseases. He has built up a large business.

6. Abraham Beery, M. D., Minnehaha Park, Minn., is a native of Ohio. His early history is the same as that of so many farmers' sons, who by their own efforts have secured an education and won distinction in professional life. Dr. Beery graduated with distinction from the Indiana Central Normal College. Later he graduated from the Fort Wayne College of Medicine. He at once became a member of the Faculty of his Alma Mater. He began professional life in Nebraska in 1883. The exposure of a general practice there interfered with his health. He removed to Minneapolis and devoted all his great energies to his specialties, "Woman's Diseases" and "Diseases of the Rectum and Anus."

7. Dr. J. S. Seeley was born in New York State, in 1852; began the study of medicine in the autumn of 1871 with Dr. R. J. Roscoe, of Carlisle, and graduated at Ann Arbor, in 1876. He went directly to Minnesota, where he began the practice of medicine. He is located at Faribault, one of the chief cities of the Northwest, where he has a large and profitable practice, and the confidence of his patients and the community generally. He is coroner of Rice county, city physician to Faribault, medical attendant to the county jail, medical examiner to A. O. U. W., and physician to K. O. T. M. A firm believer in the efficacy of medicine; a prompt, careful and attentive practitioner. He has achieved a success second to none.

8. Dr. E. O. Gieres was born in Wisconsin, but early moved to Minnesota. After having received his preliminary education at Luther College, Iowa, and at St. Olaf College, Northfield, Minn., he entered upon the study of medicine at the Minnesota State University, where he received the degree of M. D. in 1892. Upon graduating he was appointed assistant physician in the Rochester State Hospital for the Insane, but desiring a more general practice he resigned the following Fall, and is now located at Hayfield, Minn., where he has also been appointed the local surgeon for the C. G. W. R. R., and is a member of the Minnesota State Medical Society.

9. E. P. Case, M. D., of Waterville, Minn., was born in Indiana in 1850. Graduated from medical department of Iowa State University in 1875. He did a general practice in Waterville, Minn., until 1888, when he sold out and went to Europe for special instruction. In London he was a pupil of Dr. Bantock of the Samaritan Free Hospital; also of Dr. Playfair, Dr. Matthews Duncan, and Dr. Cullingsworth. Later he studied in Berlin,

Vienna, Paris and Edinburg under the most celebrated instructors. After this thorough preparation he returned to Waterville and built his "Samaritan Home" on the shores of one of Minnesota's most beautiful lakes. Dr. Case reports thirteen hysterectomies, twenty-seven ovariotomies and no deaths.

10. C. W. Cady, M. D., of Mabel, Minn., is a New Yorker by birth. He graduated from Bennett Medical College in '79 and located at once at Burr Oak. Iowa. His present location at Mabel is only nine miles from there, so he has practically spent his professional life in one place. He has built up a large general practice. Of late is working into a specialty, that of "Orificial Surgery." With this in view he has taken two post-graduate courses.

11. A. C. Wedge, M. D. Albert Lea, Minn., is another native New Yorker. His history is an interesting one, crowded full of stirring incidents. His mother died when he was only six years old; his father, a Baptist minister, when he was seventeen. Without inherited income, unaided Col. Wedge has made his own prosperous way in the world. His education was obtained at Ripon, Wisconsin. He graduated from the Cleveland, Ohio Medical College in 1857. Had practiced successfully for five years at Albert Lea, when the Civil war breaking out, he joined the Third Minnesota Infantry as Assistant Surgeon; was made full surgeon of the regiment the following year, ranking as major. The next year found him on the staff of Gen. C. C. Andrews, Surgeon in Chief of the Division. His army service was in middle Tennessee, Siege of Vicksburg, and in Arkansas. Immediately on being mustered out Dr. Wedge was appointed Pension Examiner Surgeon. Dr. Wedge has been much in politics. He was a member of the Minnesota House of Representatives, '70 and '71; a delegate to National Republican Convention, in 1880; a member of State Senate same year. In 1881 was appointed collector of Internal Revenue, First District of Minnesota. In 1879 and '80 was president of the State Medical Society. From '87 to '91 was a member of the State Medical Examining Board; was Assistant Surgeon-General of the State from '91–'95. Dr. Wedge is a member of the State Medical Society, of the American Medical Association, and many other distinguished societies. He has acquired an independent fortune.

12. G. R. Curran, M. D., Worthington, Minn., was born in Minnesota in 1863. He made his own way through Carleton College, and the medical department of the University of Michigan, by teaching and as a civil engineer. He graduated from the latter in 1892. He removed to his present location the same year. He says: "By a strange force of circumstances I find myself the oldest resident physician of the place, and am trying to meet the emergency."

13. O. C. Strickler, M. D., of New Ulm, Minn., is the same age as Dr. Curran, and is also a graduate for the University of Michigan, class of '85. He located at once in Neuplin. After practicing three years, devoted nearly

one year in post-graduate work in Berlin and Prague. Since his return from Europe he has directed much attention to surgery. In this line he is gaining distinction.

14. R. M. Moore, M. D. of Glenwood, Minn., is the son of a Kansas farmer, educated in the schools of Olathe, Kansas, and the St. Louis Medical College. He graduated from the last in 1892. He took up his residence at once in Glenwood, and from the first has met with success. He reports that his prospects are bright and builds many of his hopes on the growing celebrity of Glenwood as a summer resort.

15. G. A. Aldrich, M. D., of Anoka, Minn., is a native of Mass. He received his early medical training at the University of Vermont and the College of Physicians and Surgery of Baltimore. Here he graduated in 1879. After practicing three years in Massachusetts he removed to Anoka, his present location. Dr. Aldrich has directed his special attention to the eye, ear, and throat, and has taken several special courses in New York and Chicago. Last year Dr. Aldrich was appointed member of local board of Pension Examiners. He is a frequent contributor to various medical journals. He is ably assisted by his talented wife, Dr. Flora L. S. Aldrich. Both are members of the Minnesota State Medical Society and the American Medical Association.

16. J. I. Tibbetts, M. D., Wayzata, Minn., comes from Indiana. He graduated from the Central College of Physicians and Surgeons, of Indianapolis in 1883. The following year he located at Wayzata where he has met with steadily increasing success in the prosecution of his chosen profession.

17. P. A. Walling, M. D., Park Rapids, Minn., is a Pennsylvanian by birth. He has a normal school education, and graduated in medicine from Buffalo University in '76. Six years later removed to Minnesota and has literally grown up with the town of Park Rapids. He is a member of the Minnesota State Medical Society, before which he read a paper on excrescences in June. He has been U. S. Examining Surgeon for twelve years, is coroner and health officer.

18. Dr. R. Ign. Hubert, now of Richmond Minn., is one of the few in this group who are natives of Minn. He was educated in the medical colleges of the state, and has now practiced for thirteen years. Everywhere he has met with signal success. He is now president local board of health and consulting physician and surgeon to St. Raphael's Hospital, St. Cloud, Minnesota.

19. O. E. Linjer, M. D., of Starbuck, Minn. Born in 1861 in Wis. Received a college education, then studied pharmacy and remained in that pursuit until 1886 when the study of medicine was begun. He graduated srom the medical department, Minn. University, 1889, with first honors, and has paid special attention to physiological chemistry and bacteriological diagnosis. Since beginning practice Dr. Linjer invented cover-

glass forceps, and centrifugal for examination of urine and other fluids. He has investigated and reported, (by request) to "Bureau of Animal Industry" Washington, D. C., on bovine tuberculosis. He has, perhaps, the most complete outfit for medical diagnosis in the state.

20. F. A. Blackmer, M. D., is a second distinguished member of the medical profession from Albert Lea, Minn. Dr. Blackmer is a native of the famous Western Reserve of Ohio, the birth place of so many prominent men. In 1868 he graduated from the Charity Hospital Medical College, Cleveland, Ohio. Ten years earlier he had gone to Minnesota. At that time it was unsettled. Wild Indians used most of the state for their hunting grounds. Dr. Blackmer was in the famous Indian war of 1862 when the Sioux decimated so fearfully the Minnesota frontier. He was wounded in battle with the Indians that year, and discharged from the service on that account. Dr. Blackmer has been in continual practice since 1868. He studied six monthe in London, and visited most of the leading hospitals of Europe. Dr. Blackmer's only son lost his eye-sight while hunting by the accidental discharge of his gun. Dr. Blackmer has acquired a substantial fortune. Is a member of the American Medical Association, National Association R. R. Surgeons, State Medical Society, and is surgeon for the Minneapolis and St. Louis, and the Burlington, Cedar Rapids and Northern Railroads.

21. N. C. Davis, M. D., Pipestone, Minn., is a native of Wisconsin, and a graduate of the College of Physicians and Surgeons of Keokuk, Iowa, in 1884. He has practiced at Eagle Lake, Janesville, Good Thunder, and Pipestone, Minn. He now has a good practice. He is one of the proprietors of the Pipestone pharmacy.

22. E. D. Abell, M. D., Farmington, Minn. We regret to say that the brief sketch we had of Dr. Abell has been mislaid and we cannot furnish the details of his honorable career. At the date of his writing us June 12, he was quite ill. We trust that his recovery may be soon and sure, and that he may grace for many years yet the profession he has honored so long.

23. Albert J. Tictin, Harris, Minn., following the venerable Dr. Abell is one of the youngest doctors of the group. Dr. Tictin has enjoyed exceptional advantages. He first studied philosophy and medicine in the University of Berlin, Germany. Afterward he graduated at the College of Physicians and Surgeons, Chicago. In 1890 he passed Minnesota state medical examination and has since practised there. First at Barnum and now at Harris. He is meeting with pronounced success.

24. D. D. Murray, Duluth, Minn., is another native of the empire state, a graduate of the Albany Medical College, class 1881. Dr. Murray first practised medicine at Mayville, N. D., where he was also postmaster during the first Cleveland administration. He has been in Duluth now six years. He says, "I am enjoying a first class practice, am successful, happy, and contented."

REPRESENTATIVE PRACTITIONERS OF MINNESOTA—Fifth Group. (See Page 29.)

1. S H. Duly, M D . . . . Morris Minn
2. J. H. Stuart, M D . . Minneapolis, "
3. Geo. E. Routh, M. D . .
4. D. Van Krevelen, M. D . . Plato, "
5. Geo. D. Swaine, M. D . . . . . Duluth, "
6. Abraham Beery, M. D Minnehaha Park,
7. J. S. Seeley, M. D Fairbault, "
8. E. O. Gieres, M. D
9. E. P. Case, M. D . Waterville, "
10. C. W. Cady, M. D . Mabel. "
11. A. C. Wedge, M D . .
12. G. R. Curran, M. D . . Worthington, "
13. O. C. Strickler, M. D . New Ulm,
14. R. M. Moore. M. D . Glenwood,
15. G. A. Aldrich, M. D . Anoka,
16. J. T. Tibbets, M. D . . . . Wayzata.
L. S. Crandall, M. D
17. P. A. Walling, M. D . . . . Park Rapids, Minn.
18. R. Ign. Hubert. M. D . . . . Richmond,
19. O. E. Linjer, M. D . . . . . Starbuck, "
F. A. Blackmer, M. D . . . Albert Lea, "
N. C. Davis, M. D . . . . . Pipestone, "
E. D. Abell, M. D . . . . . Farmington, "
A. J. Tictin, M. D . . . . . Harris, "
D D. Murray, M. D . Duluth, "
Jas. P. Davis, M. D . . Millville, "
J. A. Regner, M. D . . . . . Wheaton, "
F. S. Wade, M D . . . New Richmond, Wis
Francis Pinch, M. D . . . Hillsboro, "
T. F. Williams, M. D . . . . . Chelsea, "
W. D. Park, M. D . . . Downing, "
M L. Robey, M. D . . . . Grantsburg, "
A. P. Groves, M. D . . . Brainard, Minn.
Lamberton, Minn.

25. Jas. P. Davis, M. D., Millville, Minn., was born and bred in Ohio. Spent several years of his early manhood in the service of the federal armies, was present at the seige of Vicksburg, also at Chattanooga and saw service both in West Virginia and Virginia. The last year of the war he was on a U. S. Steamer which ran between Memphis and New Orleans. At the close of the war he went to St. Louis where he studied medicine, graduating from Missouri Medical College in 1875. He then took up his residence in Wabasha County, Minnesota, staying ten years. Returning to St. Louis, he almost immediately lost his wife. The following year he spent in travel, visiting many points of interest in this country and the British Isles. In 1890 he returned to Millville, Minn., where he enjoys a successful practice. Dr. Davis has made some original mathematical investigation, which are beyond the depth of the present reviewer.

26. J. A. Regner, Wheaton, Minn., is thirty-nine years old. He graduated at the university of Minnesota in 1889. He has since practiced in W. Superior, Wis., and in Minnesota. He is meeting with success. Last winter he took a course at the post-graduate school of Chicago.

27. F. S. Wade, M. D., New Richmond, Wis., was born in Maine in 1859. Graduated from the Maine State College in 1851, and from Hahnnemann Medical College, Chicago in 1883. He spent one year as resident surgeon Hahnnemann Hospital and has since engaged in general practice at New Richmond.

28. Dr. Francis Pinch, Hillsboro, Wis., was born in Wisconsin forty years ago. After teaching school for several years, he graduated in 1880 from Rush Medical College Chicago, and then began the practice of medicine in Hillsboro where he has been attending strictly to business for the past fifteen years. He is proprietor of the Acme drug store of that place.

29. Dr. T. F. Williams, Chelsea, Wis., is forty-one, a graduate of the College of Physicians and Surgeons, Minneapolis, Minn., class 1890. He has been located at Chelsea since. He owns a small drug store and puts up his own prescriptions. He says that he is prosperous and contented. It should be noted that he served as physician and surgeon for the Duluth and Winnepeg Railroad.

30. W. D. Park, M. D., of Downing Wis., is another prosperous physician. His life thus far has not been an uneventful one. After a thorough preparation in an office, under excellent supervision, he graduated from the Keokuk, Iowa Medical school in 1884. The following year he removed to Downing where he engages a good practice and has the esteem of a wide circle of friends and acquaintances.

31. Marion L. Robey, M. D., Grantsburg, Wis. The subject of this sketch is a West Virginian by birth. He early went to Wisconsin. After securing a good egucation he taught school for six years. Then entered Rush Medical College, where he graduated in 1886. He at once located at Grantsburg and has succeeded in building up an enviable reputation both

professionally and socially. He is examiner for several leading life insurance companies, a U. S. medical examiner for pensions, and a member of leading medical societies.

32. Dr. A. P. Groves was born in Connecticut forty-one years ago. He prepared for Yale College, but was deterred from taking the course on account of ill health. He studied medicine, first at the University of Michigan one year, and then at the College of Physicians and Surgeons in New York City, graduating 1878. He has practiced two years in Oswego, N. Y., two years Bradford, Penn., a brief period in a small North Dakota town, where he was surgeon for the Northern Pacific railroad. Finally in 1885 he removed to Brainard at the solicitation of the chief surgeon of the same great system: Here, beside his railroad practice, he soon built up a most satisfactory private practice. Four years ago in partnership with Dr. J. L. Camp, they opened a private hospital. The first year out of three hundred patients they lost only one. Dr. Groves is a member of numerous medical societies. He is a bachelor, fond of rod and gun. He bids us say to our readers that if any in search of rest and sport, will come his way he will point them to a veritable haven where the two go hand in hand.

33. L. S. Crandall, M. D., of Lamberton, Minn., has been practicing medicine for 23 years; eighteen of them have been spent in hard work in his present location. Dr. Crandall served in the Union army. He is the official physician for two counties, has been twice coroner, and local railroad surgeon.

Syllabus of Eclectic Materia Medica and Therapeutics.—Compiled from notes taken from the lectures of Frederick M. J. Locke, M. D., edited by Harvey W. Felter, M. D., with notes on Specific medicines by John U. Lloyd, 8 mo., pp. 460, Cincinnati, John M. Scudder's Sons, 1895.

This is the first of a series of manuals to be known as Eclectic Manuals, and it is a book that is well gotten up and presents a compilation of remedies and formulæ in a very concise and convenient form. The work is arranged by a classification of remedies and in many instances specimen prescriptions are given showing the method of administering the particular drug. A short introduction is also given presenting a brief outline of Eclectic therapeusis and defining disease. Taken altogether the work is a decidedly acceptable one and will prove very useful to the physician of all schools, while the typography and binding are above the average.

A Mixture of chloroform (ten parts), ether (fifteen parts), and menthol (one part), used as a spray, recommended as an excellent and prompt means for obtaining local anesthesia, lasting for about five minutes.—*Boston Med. and Surg. Journ.*

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

Vitapaths Sentenced.

The position that this JOURNAL has taken relative to liberality in the ranks of the medical profession, and the ethics governing its members is too well known to require repetition again, but a case came up for hearing before the Police Court of Cincinnati recently which demands our notice and at the same time we desire to extend to the presiding judge who heard the case our heartiest congratulations and support for the stand he took in the matter.

During the last month a man by the name of Gustav Burckhardt was taken sick. The exact nature of his trouble we are not prepared to give, but, after being attended by a "Vitapath," he died, and the case came under the notice of the Coroner, who promptly took action in the matter, and had the "Vitapaths" arrested, the account of the trial we take pleasure in quoting from the *Cincinnati Tribune*, of June 23d:

The case of the vitapathic "physicians" was concluded in police court yesterday morning, by Judge Dustin administering a heavy fine in both men's cases. Wm. J. B. Campbell, the practicing physician, whose malpractice is said to have hastened the death of Gustav Burckhardt, was fined $100 and costs for practicing medicine without a license. He advised Student Wachtendorf to give the deceased pennyroyal tea. Wachtendorf was fined only $25 and costs, as the evidence showed he was more ignorant than guilty, and had been made the dupe of Campbell, who collected a $2 fee. In view of this fact and that he assisted the police and Coroner in the investigation of the methods of the Vitapathic College his fine was remitted and he was released. He was very glad to get out of a most unpleasant position and said that the next time he started to study medicine it would be in one of the ordinary schools.

In imposing sentence Judge Dustin denounced the Campbells. He said: "Men who knowingly go into a sick-room and prevent anything being done for a dying man by silly incantations and laying on of hands, are

responsible for his death and ought to be on a par with a murderer in the eyes of the law. God help the dying man who relies upon you or any of the so-called graduates of your quackery. You speak of vitapathy being of a higher power than medicine, and you say you ordain ministers at the same time you matriculate vitapathic physicians. Your methods are an insult to intelligence, their practice is a criminal abuse of ignorance and your college a disgrace to civilization."

* * * *

Doctors as Criminals. Doctors are great in everything to which they turn their hand. Generally, we are glad to say, they devote their time and energies to doing good rather than evil, but when once one of the profession starts out on a criminal career he is the hardest man in all the world to overtake. He brings to bear all his knowledge of science and often chemistry, all his knowledge of human nature, to further his vicious ends. The truth of these statements has recently found new verification.

The trial of Dr. Robt. W. Buchanan, the story of his crime and of its detection, of his conviction and subsequent proceedings in court, which have had the effect of delaying his execution up to the present time, twenty-one months after the sentence of death was first passed upon him, forms an interesting and unusual chapter in the history of criminal jurisprudence. Dr. Buchanan is a Scotchman, now thirty-three years old. He started life as a druggist clerk in Nova Scotia. In 1883 he graduated from Chicago College of Physicians and Surgeons. In 1887 he began to practice medicine in New York. He was not prosperous, misconduct on the part of his wife caused a separation. He became dissipated, and in the course of a vicious life fell in with a woman of bad repute named Annie Sutherland, whom he married. She was a woman of means, ten years older than he. At the instance of the Sutherland woman, Buchanan had obtained a divorce from his wife. Not until she had made a will in his favor did he marry the second Mrs. Buchanan. This event took place Nov. 29th, 1890. Their married life was far from happy, Mrs. Buchanan threatening to return to her disreputable life. April 22d she died after a sudden brief illness. Two doctors, a nurse and clergyman were present. The doctors gave cerebral apoplexy as the cause of her death. Buchanan returned

to Nova Scotia. May 4th he was remarried to his first wife. He shortly returned to New York to take possession of the property bequeathed him by the ante-nuptial testament of his victim. If he had had the foresight to have had her remains cremated there would have been no chance of controverting the certificate that ascribed her death to its apparent cause. If he had kept still it is probable that it would have passed unnoticed. But he was weak as well as vicious. The propensity to talk, which is one of the stigmata of decadent intellect, manifested itself. His scattered remarks were carefully picked up and elaborately pieced together. The presumption of murder was strengthened by the false and superfluous explanation voluntarily offered by him. Little by little the web of evidence was woven about him by the detective ingenuity of a daily paper. Sufficient testimony was presented to warrant an order for the exhumation and examination of the body of the dead woman. The autopsy showed that the cause of her death was not cerebral apoplexy, but morphine. On June 7th, 1892 Buchanan was arrested on the charge of murder. Before and after his arrest his loquacity furnished the prosecution with suggestions as to their line of procedure.

His trial has been described by the district attorney who conducted it as "the longest, most difficult, and most extraordinary, not excepting that of Carlisle Harris which has ever taken place in the State of New York." The first trial lasted six weeks, and resulted in conviction. It is worthy of note that one of the attorneys for the accused had been a physician, and as the evidence for conviction was chiefly medical, his skill in his previous profession effectualiy prevented the introduction of any unfair medical testimony.

On one pretext or another his execution has been postponed again and again. Every possible plea that the ingenuity of the cleverest lawyers could invent has been offered in behalf of the convicted. At this writing there does not seem to be left one single appeal, or a possible loophole. If one is not discovered within the week beginning the first of July the sentence will be carried out, and so will end another of the great criminal trials in which a member of the medical profession has played a leading part. From the time that Dr. Webster murdered Professor Webster to the present day the most stubbornly contested murder cases in our courts have involved doctors.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

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Editorial.

Medical Department University Louisville.

We have received the Fifty-ninth Annual Announcement of the Medical Department of the University of Louisville. J. M. Bodine, M. D., Dean of the Faculty, informs us that the high standard of the school will be maintained in every respect, and we are glad of an opportunity of recommending it to our readers and their friends. The Medical Department of the University of Louisville has been particularly fortunate in its location and surroundings.

"The city of Louisville in 1837 donated a square of ground containing four acres, and appropriated fifty thousand dollars to erect and equip an edifice suited to the requirements of a first-class Medical College. This property, now lying in the heart of the residence portion of the city, has advanced largely in value. The lecture-rooms, cabinets, library, laboratories, and dissecting-rooms are furnished with everything necessary for convenience and instruction, while its museum, already one of the finest in America, is being constantly added to from various sources. In apparatus, models, drawings, preparations, and specimens for illustrations by the various chairs, the institution possesses every requisite for thorough medical teaching; and in view of its perfect equipment we feel safe in assuring our friends that the school never before presented stronger claims to the confidence and support of the medical profession. Its Faculty is composed of a corps of carefully selected teachers, who are widely and favorably known, and who stand without superiors in the various branches which they teach.

* * * *

Sterilized Milk.

One of the most philanthropic movements which has been inaugurated in Cincinnati for many a day was the scheme recently started by J. G. Schmidlap and A. Senior & Son to furnish milk that is

pure and absolutely sterilized. They have established a large plant for this purpose, and three depots have already been opened and several more are promised if the movement meets with the approval of the public.

The milk is sterilized by the most improved methods and is delivered at the depots in sealed bottles of large and small sizes and at about the same price that the public have to pay for ordinary milk delivered by milkmen. When desired modified milk is furnished which saves the mother the trouble of preparing it by dilution with water, the addition of sugar, etc. What a boon this should prove to the thousands of poor sickly infants of large cities who have to depend upon the milk furnished by dairies which so often will not bear even the most superficial investigation without causing the utmost repugnance and disgust on the part of those who are obliged to use their product. It is to be hoped that the profession and public will both lend a hand to the suppport and advancement of this scheme.

* * * *

Mississippi Valley Medical Association. The next meeting of the Mississippi Valley Medical Association is to be held in Detroit the first week in September, and to all those who have ever had the good fortune to enjoy the hospitality of Detroiters it is unnecessary to mention the good times that will be given all who attend. The program is in competent hands who will see that it will be an entertaining as well as instructive one.

One of the greatest inducements to attend this society that can possibly be offered the working members of the profession is that the time is taken up with the discussions of purely scientific questions only, and any wrangling over ethical matters and the like is positively prohibited by the constitution.

* * * *

Danger of Veal At a recent meeting the Paris Academy of Medicine, Vallin called attention to the dangers of poisoning from veal as a food. It is well known that very young veal frequently causes diarrhœa which arises from the fact that either the animal of a few days or a few weeks old died from disease or they were killed a few hours be-

fore their "natural death." The two virulent maladies from which these animals perish are acute septico-pyemia consecutive to phlebitis of the cord or septic diarrhœa. In case of the former malady the autopsy reveals the presence of deep suppurations of the organs, metatastic abscesses, and pus in the veins. The flabby flesh of the animals is cut up into mincemeat, and associated with the flesh of pork, is made into pies, which are simply poisonous. In chronic cases the duration of the affection permits the infiltration of the flesh of ptomaines and other micro-organisms that cooking does not modify; consequently from six to twenty-four hours after ingestion of the meat, symptoms of cholera nostras set in, which in some cases have ended in death. Similar effects have been produced when the animal died from septic diarrhœa, and it behooves the sanitary authorities to pay the strictest attention to the slaughter of such animals for food and to promptly destroy all those afflicted with the above mentioned diseases.

* * * *

Castration. The recent wave of popularity which seems to be attending the operation of castration has brought into notice several new or modified methods of performing it, but the latest and what seems to be destined to become a very popular one has been suggested by Dr. H. H. Kane, of New York and has been clearly illustrated by the *New York Medical Journal.* The technique of the operation as suggested is as follows: The pubes being shaved, thoroughly cleansed and rendered aseptic with soap and water and a one to three-thousand bichloride solution, the scrotum is grasped in the left hand and diagonal incisions of about one inch in length are made upon each side of the root of the penis, commencing just below the external ring, The cord on each side is seized and drawn out by means of a blunt tenaculum, is pierced with a sharp aneurysm needle threaded with a heavy cat-gut ligature and is tied each way after the removal of the needle. The scrotum which has been resting between hot sponges to thoroughly relax the tissues, is then drawn well down so as to include both testicles in the grasp, a Henry's scrotal clamp is applied, and both testicles are removed, together with that portion of the scrotum

included in the clamp, to within about an inch of the posterior portion of the root of the penis.

After removing the outer flange of the clamp it is slightly relaxed and all bleeding points secured, and the edges are then secured by interrupted sutures of cat-gut. The two short incisions just below the groin are closed in the same way, after pulling out and cutting short the stumps of the two cords, and the cat-gut ligatures, cut off close to the knot, are allowed to drop into the wound. Before applying the Henry clamp it is well, as a matter of precaution, to pass a well-oiled sound into the urethra so as to avoid the possibility of wounding that canal.

The wound is now dressed with a layer of protective tissue, after having been thoroughly cleansed and rendered asceptic, and upon this are placed from six to ten layers of iodoform gauze and above this six or eight layers of sublimate gauze. Cutting a small piece of cardboard or sole leather in the shape of a horse shoe and slipping it underneath the scrotum and its dressings will keep it from the anus and do away with the necessity of a bandage. Over the entire dressings a sheet of rubber tissue with a perforation, for the admission of the passage of the penis will keep the wound and dressings clean and free from contamination of any kind.

THE CHEMICAL COMPOSITION OF OYSTERS.—Mons. Chetin makes a report to the Academie de Medicine upon the chemical richness of oysters in bromine, iodine, fluorine, and in phosphorus. Portugese oysters contain a gramme of organic phosphate to the dozen. Ordinary European oysters contain one-third less. This statement in regard to the phosphatic richness of oysters will be a comfort to many oyster lovers, and may in a measure offset the unpleasant reports about the capacity of the oyster for nourishing tubercle bacilli.—*N. Y. Med. Record.*

THE *New York Medical Record* loyally says: "Our British contemporaries are all writing editorials in commendation and praise of the remarkable athletic performance of Dr. W. G. Grace. Mr. Grace is a famous cricketer, who is now in his forty-seventh year. At a recent cricket match he made the remarkable score of 288. This involves, of course, a great deal of physical strength, skill, and endurance, but we know of a good many American doctors forty-seven years old who, we are sure, could play base ball better than Mr. Grace."

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

THE latest sensation in Paris is the alleged discovery by a M. Graussier of an infallible law whereby the paternity of children who have no acknowledged father may be ascertained.—*Ex.*

THE governor of New Hampshire has vetoed a bill appropriating $100,000 to be used in preventing the spread of tuberculosis among cattle. The disease is said to have prevailed to an unusual extent during the past year.

FRANCIS W. JOHNSON, M. D., was recently admitted to the membership of the Cincinnati Academy of medicine. He is the first colored member of that society. His application was presented by Dr. B Merrill Ricketts, and endorsed by Dr. John A. Murphy, and Health Officer Pendergast.

IN an address delivered to the graduating class of the Minn. State University Dr. M. J. Mayo says: "My own experience has been that the public will forgive an error in treatment more readily than one in diagnosis, and I fully believe that more than one-half of the failures in diagnosis, are due to hasty or unmethodical examinations."

TO REMOVE A FISH BONE FROM THE THROAT.—Give about four to six ounces of milk to drink. In forty minutes give an emetic dose of sulphate of zinc. The milk goes down in a fluid state, and easily passes the obstruction; by a short stay in the stomach it becomes coagulated into a more or less solid mass, and on coming up forces the bone before it.—*Med. Herald.*

DR. W. S. PARKER, one of the leading physicians of his section, died at Piqua, Ohio, from injuries received by being kicked by a horse.

THE many friends of Dr. A. L. Hummel were busy with handshaking, at Baltimore, welcoming him home again from his enforced rest for some months in the far west. We doubt if there was another man at the meeting who had so many congratulations on his good looks; while it is certainly true that he outnumbered them all in the number of hand grasps.—*Nat. Med. Review.*

LETTERS like the following from Dr. Jas. T. Atchison, Lochland, Ky., are appreciated and do much to encourage us. Dr. Atchison writes: "Please find enclosed one dollar, subscription for your excellent JOURNAL for the current year, and accept best wish for your first-class periodical. My family await its regular visits with the eagerness and enthusiasm of an *illustrated* monthly."

ELLIS FLEMING, M. D., Woodland, Iowa, for a long time a friend and supporter of the JOURNAL has been seriously ill with pleuro-pneumonia. In a letter containing his subscription for the year, he says: "I find it more agreeable to treat the sick, than calling a brother M. D. to treat me. I like your improvements in the JOURNAL, and think an article each month on the diseases most apt to be prevalent at the time would be a good addition." This is an excellent suggestion.

DR. SAMUEL P. VONDERSMITH, who figured in the capture of Wilkes Booth, the assassin of President Lincoln, died in Bloomfield, N. Y., May 31st, at the age of seventy-four years. During the war he served as a surgeon in the Sixth New York Cavalry, and later in the Sixteenth New York Cavalry. After the war he went to Arizona, where he remained until 1872.

BEFORE AND AFTER THE BATH.—According to the *Mercredi Medical*, Max Edel, a German bacteriologist, took a bath, and then examined the water for microbes. He found it contained five billions eight hundred and fifty million micro organisms. After a bath of one foot only, he estimated the number of microbes at one hundred and eighty millions. The question now arises, When did Dr. Edel have his previous bath?—*Ex.*

THE Academie de Medecin, of Paris, recently had to adjourn because there were no papers to be read. The fact is commented upon as remarkable and unfortunate. We know of societies that would serve the cause of science better if they adjourned because there were too many papers to be read. There are too many societies and too many papers written perfunctorily to fill a date.—*Med. Rec.*

OPIUM IN THE TREATMENT OF DIARRHŒA OF INFANTS.—On the above subject Dr. Crandall says: In diarrhœa much opposition to opium has arisen during recent years, due chiefly to misapprehension as to its proper applications. While its improper use may do much harm, it is an agent of the greatest value and should not be abandoned. It is contra-indicated: 1, in the first stages of acute diarrhœa before the intestinal canal has been freed from decomposing matter; 2, when the passages are infrequent and of bad odor; 3, when there is a high temperature or cerebral symptoms are present; 4, when its use is followed by elevation of temperature or the passages become more offensive. It is indicated—1, when the passages are frequent, with pain; 2, when the pessages are large and watery; 3, in dysenteric diarrhœa, together with castor oil or a saline; 4, in late stages, with small frequent nagging passages; 5, when the passages consist largely of undigested food, and the bowels act as soon as food is taken into the stomach. The dose should be as small as possible, sufficient being given to relieve pain and check peristalis. It should not be added to the ordinary diarrhœa mixture, to be repeated at short intervals. It should be given alone and at intervals sufficient to allow the effect of one dose to subside before another is given. This interval will rarely ever be less than four hours.—*The Charlotte Med. Jnl.*

RESECTION of the intestine having been once established as a successful surgical operation, it remained to be determined how far the procedure could be carried, that is, how much of the intestine may be safely cut off, not alone as regards recovery from the operation, but the question is how much intestine is necessary for the support of life. Experiments upon animals are unsatisfactory because the importance of this organ varies greatly in different species. In recorded operations not much more than a yard of the bowel has been removed at once, but it is probable that more than this could be spared out of the twenty-five feet of this organ with which man is provided. Indeed, one investigator has recently said that probably one-half of the intestine might be removed and the individual still get on with the other half. — *North Western Lancet.*

DR. CYRUS EDSON is probably more *in evidence* than any other doctor in this country to-day. In a recent interview published in *Printer's Ink* headed: "How a physician reads a newspaper," he incidentally remarks, "I read the advertisements in all the medical journals, a practice which, I believe. is followed by nearly all the members of the profession. Such announcements are not only read by physicians, but they have considerable effect upon them."

DR. FAYETTE C. EWING, recently of Ashville, N. C., now located at No. 3524 Ohio St., St. Louis, advises us of a mistake in our recent issue of the JOURNAL. This is the way Dr. Ewing puts it. "There are literary ghouls as well as those who prey upon dead flesh. The poem, 'If I should die to night,' credited to E. B. Jackson in your June JOURNAL, was written by the inimitable Benking, who died at Bowling Green, Ky., while on a lecturing tour last year." The *Columbus Medical Journal* may also profit by Dr. Ewing's correction.

THE Ambulatory treatment of fractured legs by O. Block, M. D., Albany, N. S. W., is the title of the leading article in the last issue *Australasian Medical Gazette.* The writer says in brief: "In the Charite hospital at Berlin there has been practised for some years a new treatment for fractured legs, which, from the results published, bids fair to do away with most of the disadvantages enumerated above, and to place this branch of surgical handicraft on a safer and more satisfactory footing. As I had an opportunity of trying the method in a rather serious case, with good results, I feel justified in recommending it to the profession for further trial. This method consists, briefly, in encasing the limb in plaster-of paris bandages applied to the bare skin, slightly greased with olive oil, and allowing the patient to use the member while the process of knitting is going on. Both deviations from the usual plaster-of-paris treatment—the application of it without padding and the walking about of the patient—are, I confess, startling at first sight."

THE THREE CAUSES OF WOMEN'S DISEASES.—Dr. Balls Headly finds in our social system three great causes of disorder of the female generative organs: Mental culture, by which physical development is often sacrificed to mental training; female dress, the faults of which it is needless to particularize; and unsatisfied sexual desire. The latter includes, of course, the unsatisfied desire for maternity. In civilized communities more than half the women under thirty years of age are unmarried; in other words, the sexual instinct, during the first half of its existence, is in most women ungratified. Hence spring in Dr. Balls-Headley's opinion, many sexual disorders.—*Med. Rec.*

THE well-known Dr. Emory Lamphear contributes an interesting article to the June number of the always readable *National Popular Review* entitled, "How an illegitimate son became a physician to the queen. A short biographical sketch of Sir Andrew Clark."

DR. JOHN S. BILLINGS, the recently retired assistant surgeon general of the United States will, in the near future occupy a chair in the University of Penn. Dr Billings has been recognized by every prominent medical society in the world, and his catalogue of the National Army and Navy museum is acknowledged to be the finest work of the kind ever written. On June 20th, Dr. Billings delivered an address to the alumnar of the Oxford seminary, Oxford, Ohio.

DR. A. C. HARIS, of Boaz, Ky., is a new subscriber to the JOURNAL. He is one of the most prosperous physicians in his part of the state, and his hearty words of encouragement are much appreciated by us.

ONCE a year we hear from Dr. E. A. Frampton, of New Plymouth, O. With his subscription he always sends us cheery words. There are no more deserving, and few more prosperous doctors in southern Ohio than Dr. Frampton.

DR. JAMES T. JELKS, of Hot Springs, Ark., states that twenty-five per cent. of all the cases of syphilis are acquired innocently; that there are two million and a half persons in the U. S. alone suffering from the disease.

THE *Virginia Medical Monthly*, generally one of the best ordered and most interesting of our exchanges, came to us in June a little mixed up in its opening pages. "There are others" who have "troubles of their own."

SEVERAL prominent physicians of the United States have recently opened offices in London, and will practice there during the summer months, that being the season when all England is at the capital. Among them are J. Madison Taylor, M. D., and S. Weir Mitchell, M. D., of Philadelphia.

SOME of the promotors of the so-called "Vitapathic College of Medicine," of Cincinnati, are in limbo, the specific count is that of "practicing medicine without a diploma." It seems to be a part of a general plan recently inaugurated by a local paper to expose the methods of the institution. The explanation of vitapathy given by its aged founder, "Prof." Campbell is both edifying and instructive. He explained it all in court. According to his say "vitapathy is a higher power than medicine. In the treatment medicine is never used. Diagnosis is made by looking at the tips of the fingers and the ankle. The tongue and pulse are no criterion to go by."

THE summer school of medicine connected with the University of Va. begins its regular session of two months at Charlottsville, Va., July 1st, with an able corps of instructors. The prospectus states that it offers peculiar advantages to those who desire to stand examinations before state, army, navy, marine hospital, or other medical examining boards.

DIVISION OF PROFITS.—A bushel of corn is said to make four gallons of whiskey. The farmer gets forty cents, the railroads $1.00, the govetnment $3.60, the manufacturer about $5.00, and the saloon keeper $6.00 out of the $16.00 for which it is sold, while the drinker gets the refuse and the delirium tremens.—*Medical Age*

DR. TODD, of Abbeville, S. C., a brother-in-law of President Abraham Lincoln, and now 79 years of age, has gone blind. He was a division surgeon in the corps of General Longstreet, and served all through the war as a confederate, while his brother-in-law was president of the United States.

A. L. GIHON, of London, chairman of the committee on Prevention of Veneral Diseases, says that at least one man in every thirteen in the naval service, one in every nine in the army, one in every six among the negro troops, one in every seven in the British army, and one in every four in the merchant marine, who present themselves for treatment at the hospitals, have venereal disease. This does not include the officers, who rarely report themselves as diseased.

THE sixteenth annual meeting of the Louisiana State Medical Society held in May is declared to have been the most successful of them all.

AT the recent meeting of the Indiana Medical Society the following officers were elected. Dr. Miles F. Porter, Ft. Wayne, President; Dr. Edgar Larkins, Terre Haute, Vice President; Fred Woodburn, Indianapolis, Secretary; Dr. J. O. Stillson, Indianapolis, Treasurer.

FOR the *local treatment of erysipelas*, Dr. Cantrell usually advises a twenty-five or fifty per cent. ointment of *ichthyol*, kept in constant contact with the affected area. In cases in which the patch covers a large area the drug is applied in solution of the same strength.—*Polyclinic.*

THE Nashville *State Board of Health Bulletin* sounds a timely warning in regard to yellow fever, already prevailing in Cuba and some parts of Mexico. The *Bulletin* says: "Great watchfulness on the sea coast, in the interior, and abroad will be needed to avoid the repetition of such epidemics and such panics as troubled us a few years ago."

A WELL-WRITTEN original extemporaneous prescription is a work of good judgment based on scientific capability. In writing prescriptions, as in every-thing else, we should be sure of being right before proceeding. When doubtful as to whether a certain meditated combination is a compatible one or not, it is advisable to prescribe a single drug in the simplest excipient; but on the whole, judicious polypharmacy offers a better prospect of curing quickly, safely and pleasantly. A very good plan, particularly in the case of readily decomposed alkaloidal salts, such as those of morphine and strychnine, is to prescribe together salts and acids containing the same negative elements (all chlorides, for instance, or sulphates) thus precluding any possibility of chemical reaction among the ingredients of the preparation. Another common method for solid incompatible drugs is to dispense them in capsular and pilular form.—*Edward C. Hill, M. D., in Medical Record.*

CONSIDERING all the qualities relative to a physician's successful career there are none more important, and none more necessary, than self-control in emergencies. Who can imagine a more beautiful picture than that of a physician appearing in a crowd of great excitement and accidents displaying a calm, cool head, and a steady determined hand.

Dr. Weir Mitchell, lecturing to a school of nurses lately upon the necessity of self-control in emergencies, told the following incident: "One of his patients, while in a low, nervous condition, swallowed, by mistake, a dose from the wrong bottle. She shrieked out that she was poisoned. One of the nurses screamed 'Aconite!' and began to cry hysterically. The other nurse, seeing that the patient was going into convulsions from terror, when relief would be impossible, said coolly, 'Don't be frightened. Look here,' taking a mouthful of the dose herself. She then went outside to rid her mouth of it, procured an emetic, and sent for a doctor and a stomach-pump. Her calmness saved the life of the patient."

CHAS. S. WEBB, M. D., of Atlanta, Ga., in an interesting article on "Mind and Body" published in June *Virginia Medical Monthly*, cites the case of a woman who was cured of melencholia as soon as her husband had the misfortune to have his thigh bronken; "in her anxiety for him she forgot herself."

A CONTEMPORARY has collected some interesting facts relative to the taking-off of doctors. Observations were made of 15,000 doctors for three years, thirty-three per cent. died of virulent diseases—pyæmia, typhus, cholera, diphtheria, etc. Eight per cent. suicided, which is considered strange. Bertillon made the comparative observation that while doctors may not live longer than other men, their children are remarkably free from disease.

THERE is a question whether baldness is associated with indigestion. The *British Medical Journal* is not prepared to deny that indigestion has something to do with baldness, as claimed by an American contemporary, but thinks it is a secondary consideration as a cause. His Highness, the late Prince Consort, thought baldness was a sign of breeding, another way of saying heredity. Hairiness and anarchism are said to go together—a bald man ought, therefore, to be a mild man, and by that token a better risk for insurance.—*Medical Examiner.*

THE solemn and impressive funeral service of Dr. Henry Willard Williams late of Boston, took place in that city, June 15th. The pall-bearers were the six sons of Dr. Williams—Henry, Sidney, Arthur, Dr. Edward, Dr. Charles, and Dr. Francis. The ushers were Dr. Francis Minot, Lieutenant Governor Wolcott, Dr. Oliver Wadsworth, Dr. J. C. Warren, Dr. A. L. Mason, Dr. Clarence J. Blake, Jr., Dr. John Homans, 2d, and Dr. James J. Minot. There were many beautiful floral pieces and the coffin was covered with flowers.

THE June issue of the New Orleans *Medical and Surgical Journal* contains an exhaustive report of diphtheria cases treated with antitoxine by Dr. A. W. DeRoldes, President of the Antitoxine Commission. He says: "Diphtheria, the scourge of childhood, has been largely robbed of its terrors." In the Report of the Commission is the following paragraph, "In January, 1895 out of sixteen cases treated without antitoxine, six died, 37.5 per cent; out of forty-nine cases injected with antitoxine, three died, or only 6.12 per cent. All of course were bacteriologically examined.

DR. H. C. BENNETT, of Lima, O., for a long time a friend and supporter of ours has written an article for the St. Louis Courier of Medicine, that is deservedly attracting attention. The subject is, "The Removal of Small Growths by Electrolysis."

ONE of the most, if not the most widely distributed and popular religion of antiquity, was the worship of the sexual organs—Phallic worship. The sun was regarded by the ancients as the source of all vegetable life, and as such was an object of worship. From this sun worship, the source of vegetable life, it was an easy matter to the worship of the sexual organs, the source of animal life—and, as a matter of fact, this religion was universal in the Old Time. The temples erected to the gods and goddesses of old were the temples of prostitution. In India this worship was very ancient and was called the worship of the Lingam. The first fruits of everything belonged to the gods and goddesses, and hence virgins must sacrifice their virginity to the gods. "The latter being unable to leave their pedestals to accept the sacrifice, it was accepted for the gods by the priest."—*James J. Jelks, M. D.*

DR. JOHN F. HILL, of Augusta, Me., will, it is said, be the Republican candidate for governor of the State of Maine. Maine has already had one medical man as governor, and he ruled the State well. We wish Dr. Hill success.

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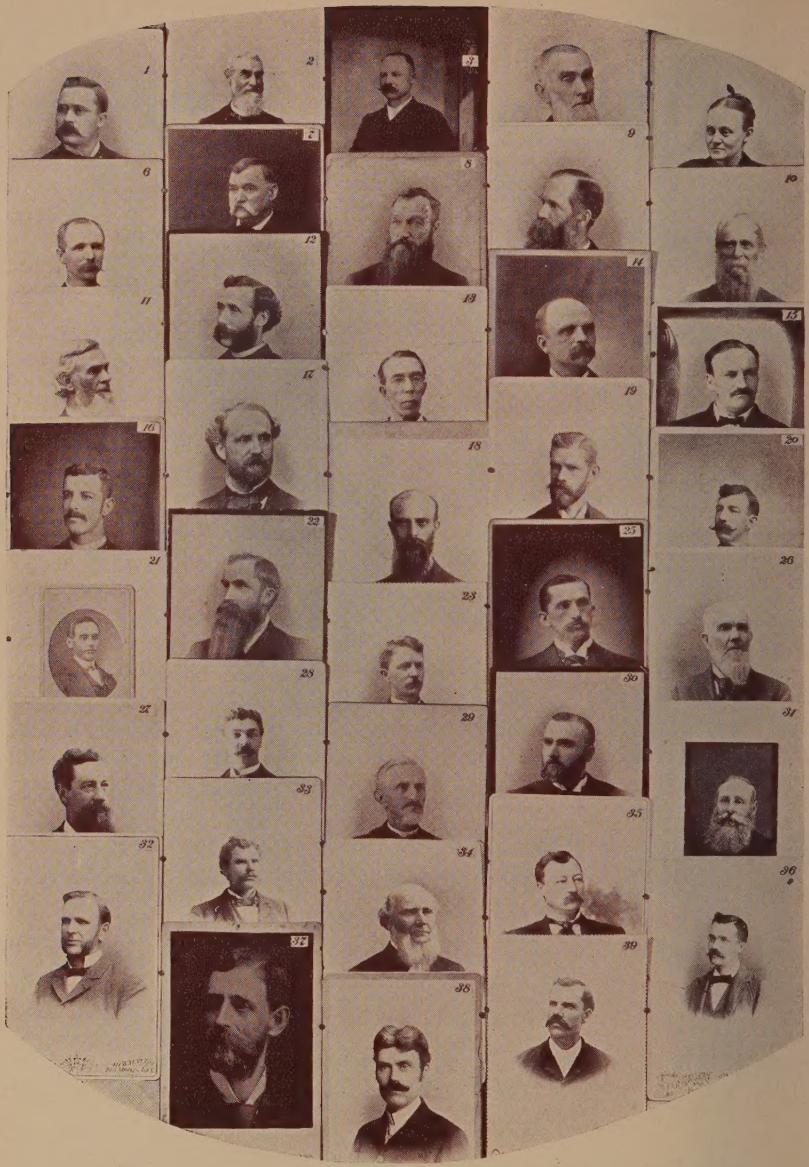

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